

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 201000024535

1. Corporation Name

Speed Zone Performance, Inc.

2. Principal Office Address

1630 NW 128th Dr.

3. Mailing Office Address

1630 NW 128th Dr

Suite, Apt. #, etc.

Apt 211

Suite, Apt. #, etc.

Apt 211

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/08/01

5. FEI Number

83-0384512

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jason J. Fields

Street Address (P.O. Box Number is Not Acceptable)

1630 NW 128th Dr

Suite, Apt. #, Etc.

Apt 211

City

Sunrise

State

FL

Zip Code

33323

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 02/13/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Jason J. Fields	1630 NW 128th Dr	Sunrise, FL 33323
COO	Bart Tobener	2151 South Conference Dr	Boca Raton, FL 33486

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jason J. Fields

3/10/04

561-542-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)