

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FEB 08 2012

T. ROBERTS

DOCUMENT # 701000029974

1. Corporation Name

Peak Performance Consulting, Inc.

2. Principal Office Address - No P.O. Box #

14260 SW 136th St.

Suite, Apt. #, etc.

15

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

14260 SW 136th St.

Suite, Apt. #, etc.

15

City & State

Miami, FL

Zip

33186

Country

USA

REINSTATEMENT: 09-12
SECRETARY OF STATE
TALLAHASSEE, FL 32301
CR2B33 (11/1/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2001

5. FEI Number

651095990

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

Juan Miguel Moreno

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

15120 SW 141st Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

500220772135
02/07/12--01022--012 ***1200.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-6-12

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
P	Juan Miguel Moreno	15120 SW 141 st Place	Miami, FL 33186

10. E-mail Address: Juan4more@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-12 (305-525-4309)

Date

Daytime Phone #