

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 25 AM 8:51

DOCUMENT # P01000086420

1. Corporation Name

PERFORMANCE AUTOMOTIVE REPAIR, INC.

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

13350 US-19 6273 Hillview Rd

Suite, Apt. #, etc.

3. Mailing Office Address

13350 US-19 6273 Hillview Rd

Suite, Apt. #, etc.

City & State Springhill  
HUDSON, FLORIDA

City & State Springhill  
HUDSON, FLORIDA

Zip Country  
34667 34606 U.S.

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34667 34606 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/30/2001

5. FEI Number  
52-2338687

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

MICHAEL STEELE

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

6273 HILLVIEW ROAD

Suite, Apt. #, Etc.

City  
SPRING HILL

State Zip Code  
FL 34606

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]*

Date 4/22/08

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
DPV	MICHAEL STEELE	6273 HILLVIEW ROAD	SPRING HILL, FL 34606
DST	ELIZABETH STEELE	6273 HILLVIEW ROAD	SPRING HILL, FL 34606

REINSTATEMENT 05 08

B 4/28/08

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 contained in Chapter 119, 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:

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

Date

4/22/08

Daytime Phone #

727-457-9436

727-457-9436

9436