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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 20 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000095291

1. Corporation Name

Custom Performance
Automotive Inc.

2. Principal Office Address

2721 Pinewood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2721 Pinewood Ave

Suite, Apt. #, etc.

City & State

West Palm Bch., FL

Zip

33407

Country

Palm Bch

City & State

West Palm Bch., FL

Zip

33407

Country

Palm Bch

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/02

5. FEI Number

11-3651563

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

Samara Cooper

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

1459 42nd Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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

Samara Cooper
REGISTERED AGENT MUST SIGN

Date

9/15/06

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	Albert Bridges	2721 Pinewood Ave.	West Palm Bch FL 33407

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:

Albert Bridges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/06

Daytime Phone #

561-721-0060

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September 15, 2006

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

In regards to: Corporation Reinstatement/P02000095291

Dear Sir or Madam:

Due to the problems with the delivery of my mail, I did not receive notice from your office to file the annual report in 2004 therefore; I'm requesting waiver of reinstatement fee for Custom Performance Automotive, Inc
Enclosed is the completed reinstatement form and Check No. 1051 for \$450.00 payable to the Florida Department of State.

Respectfully,



President
Custom Performance Automotive, Inc.

Enclosures (3)