

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115687

1. Corporation Name

PERFORMANCE SAFETY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2835 BELLWOOD DRIVE
BRANDON FL 33511

2835 BELLWOOD DRIVE
BRANDON FL 33511

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2002

5. FEI Number

371446238

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAWTHORNE, VIRGIL N	2835 BELLWOOD DRIVE	BRANDON FL 33511
D	SEAVY, JAMES M	3304 JERRY SMITH ROAD	DOVER FL 33527

600023988446
10/21/03 01148 014 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWTHORNE, VIRGIL N
2835 BELLWOOD DRIVE
BRANDON FL 33511

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

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., 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:

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

10/17/07
Date

813-363-3633
Daytime Phone #

CR2040 (7/03)


October 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Performance Safety Solutions, Inc.
2835 Bellwood Drive
Brandon, FL 33511

Dear Sir or Madam:

This letter is to confirm that we did not receive the Uniform Business Report (UBR) document, which was mentioned in your correspondence. Enclosed you will find the \$150.00 re-instatement fee and \$8.75 for a certificate of status. Thank you for your assistance in this matter.


Virgil N. Hawthorne
Director, Performance Safety Solutions, Inc.