

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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FILED

97 MAY 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000002026

1. Corporation Name

SCORPION PERFORMANCE PRODUCTS CO., INC.
2983 RAVENSWOOD RD.
FT. LAUDERDALE, FL. 33312 U.S.A.

Principal Place of Business

Mailing Address

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0469634

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

SB 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/V/S	LEONARD CODOMO	17111 N.E. 14 AVE. APT. #1	NORTH MIAMI BEACH, FL. 33422
			100002188711
			965-22-97

8. Name and Address of Current Registered Agent

STEVE TUFTS
1501 S.E. 4TH AVE.
FT. LAUDERDALE, FL. 33316

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Steve Tufts

REGISTERED AGENT MUST SIGN

Date 5/22/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Leonard Codomo, LEONARD CODOMO, PRESIDENT 5/22/97 (954) 5845771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (12/95)



pg. 204:

ACCOUNT NO. : 072100000032

REFERENCE : 393380 7129293

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 923.75

ORDER DATE : May 15, 1997

ORDER TIME : 12:21 PM

ORDER NO. : 393380-010

CUSTOMER NO: 7129293

CUSTOMER:

Scorpion Performance Products
2983 Ravenswood Road

Fort Lauderdale, FL 33312

DOMESTIC FILINGS

NAME: SCORPION PERFORMANCE PRODUCTS
CO., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS

JB
5-22-97

RECEIVED
97 MAY 22 PM 1:05
DIVISION OF CORPORATION