

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC -6 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014666**

1. Corporation Name

WELLS PERFORMANCE, INC.

Principal Place of Business

1347 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

Mailing Address

1347 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1994

5. FEI Number

59-3224017

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WELLS, JEFFREY D	3575 RAIN FOREST DR	JACKSONVILLE FL 32277

400004733134--9
-12/19/01--01057--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WELLS, JEFF
1347 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

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

Date

REGISTERED AGENT MUST SIGN

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:

JEFFREY D. WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date



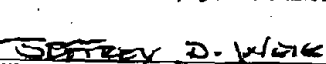
Daytime Phone #

12/26/01 9047435878

CR02040 (8/01)

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TO: TYTONE

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name WELLS PERFORMANCE INC.			
2. Principal Office Address 1347 UNIVERSITY BLVD. SUITE, Apt. #, etc.		3. Mailing Office Address 1347 UNIVERSITY BLVD. APT. SUITE, Apt. #, etc.	
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.	
Zip 32211	Country USA	Zip 32211	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 593224017	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
7. Name and Address of Current Registered Agent			
Name JEFFREY D. WEIS			
Street Address (P.O. Box Number is Not Acceptable) 3575 RAIN FOREST DR. W			
Suite, Apt. #, Etc. SUITE 100			
City JACKSONVILLE		State FL	Zip Code 32217
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 		Date 12/12/01	
REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JEFFREY D. WEIS	3575 RAIN FOREST DR. W.	JACK FL. 32217
10. I certify that I am an officer or director of 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)(b), 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: 		904-743-6878	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	