

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045850**

1. Corporation Name

CONTINENTAL PERFORMANCES, INC.

000011411340
01/30/03--01096--010 **1058.75

2. Principal Office Address

3900 FISCAL CT

Suite, Apt. #, etc.

#100

City & State

WEST PALM BCH, FL.

Zip

33404

Country

U.S.

3. Mailing Office Address

P.O. BOX 212047

Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL. 33421

Zip

33421-2047

Country

U.S.

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0496011

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

GREGORY A. SCIRROTTO

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

3900 FISCAL CT.

Suite, Apt. #, Etc.

100

City

WEST PALM BEACH.

State

FL

Zip Code

33404

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

Gregory A. Scirrotto

Date **1/24/03**

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
PRES.	GREGORY A. SCIRROTTO	18319 OAK LEAF DR JUPITER, FL. 33458	JUPITER, FL. 33458

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 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:

Gregory A. Scirrotto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

561-820-9228 7339

Daytime Phone #