

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98.00 UBR

REINSTATEMENT



DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 AM 11:49

DOCUMENT # P95000011698

1. Corporation Name

Performance Tire & Auto Center Inc.
1350 Homestead Rd N.
Lehigh Acres, Fl. 33936

2. Principal Office Address

1350 Homestead Rd. N.

Suite, Apt. #, etc.

3. Mailing Office Address

2845 SW 50th Terr

Suite, Apt. #, etc.

City & State

Lehigh Acres Fl

City & State

Cape Coral, Fl

Zip

33936

Country

USA (County Lee)

Zip

33914

Country

USA (County Lee)

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/95

5. FEI Number

65-0555164

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

Robert HARTMAN

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

2845 SW 50th Terrace

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

Robert Hartman

REGISTERED AGENT MUST SIGN

Date 6-1-00

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.	Robert Hartman	2845 SW 50 th Terrace	Cape Coral Fl 33914

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-00 (941) 368-7108

CR2E081 (9/99)