

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000020659

1. Corporation Name

HUMAN PERFORMANCE SYSTEMS, INC.

Principal Place of Business

Mailing Address

4205 ORTEGA FOREST DR
JACKSONVILLE FL 32210
US

4205 ORTEGA FOREST DR
JACKSONVILLE FL 32210
US

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

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4. Date Incorporated or Qualified To Do Business in Florida

03/05/1996

5. FEI Number

59-3365907

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
D	MURPHY, DANIEL L	4205 ORTEGA FOREST DR	JACKSONVILLE FL 32210
VP	HICKEY, SCOTT	1444 CARDINAL CT	WINTER PARK FL 32789

600003029846--1
-11/01/99--01005--015
***750.00 ***750.00

Brooks

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, C. HOLT III
ONE INDEPENDENT DRIVE
SUITE 3301
JACKSONVILLE FL 32202

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

Carl J. Smith

REGISTERED AGENT MUST SIGN

Date

Oct 18, 1995

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:

Daniel L. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Director

Daniel L. Murphy

Date

10.18.99

Daytime Phone #

388-9358