

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN 29 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049506**

1. Corporation Name

HIGH PERFORMANCE FABRICATION, INC.

Principal Place of Business

**2301 WEST 8TH LANE
HIALEAH FL 33018**

Mailing Address

**2301 WEST 8TH LANE
HIALEAH FL 33018**

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

4. Date Incorporated or Qualified
To Do Business In Florida

06/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0680359

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VALDES, JESUS	18080 S.W. 11 COURT	PEMBROKE PINES FL 33029
STD	VALDES, MARIANELA G	18080 S.W. 11 COURT	PEMBROKE PINES FL 33029

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***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORNELY, C. MICHAEL
10680 N.W. 25TH STREET
SUITE 200
MIAMI FL 33172**

Name

JESUS VALDES

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

18080 SW 11TH CT

Suite, Apt. #, Etc.

PEMBROKE PINES

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Jesus Valdes
REGISTERED AGENT MUST SIGN

Date

11/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: **MARIANELA VALDES/**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/97

Date

(305) 889-1875

Daytime Phone #