

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR 18 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084070

1. Corporation Name

THE PERFORMANCE TEAM, INC.

Principal Place of Business

43500 S.W. 80TH STREET #101
MIAMI FL 33186

Mailing Address

43500 S.W. 80TH STREET #101
MIAMI FL 33186

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

10/09/1996

Suite, Apt. #, etc.

14629 SW 104 STREET, BX 332

Suite, Apt. #, etc.

14629 SW 104 STREET Box #332

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

Zip

33186

Country

5. FEI Number

65-0714014

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SAAVEDRA, HECTOR M	10500 S.W. 80TH STREET #101 9201 SW 138 PLACE	MIAMI FL 33186
D	PRINCZ, ANITA	10500 S.W. 80TH STREET #101 6416 W 8 COURT	MIAMI FL 33186 HIAWHAH, FL 33012
D	PRINCZ, DANIEL	10500 S.W. 80TH STREET #101 9880 N WENDALL DR, #H-126	MIAMI FL 33186 33176

REINSTATEMENT 97-98

A. Alamy
3/18/98

8. Name and Address of Current Registered Agent

PLOUCHA, L M ESO
C/O ATKINSON, DINER, STONE, ET. AL.
1946 TYLER STREET
HOLLYWOOD FL 33022-2088

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002464225--3

-03/20/98--01121--010

****158.35 ****158.75

500002464225--3

-03/20/98--01121--011

****158.35 ****158.75

500002464225--3

-03/20/98--01121--012

****158.35 ****158.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0401, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

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

Yes ☐ No ☐

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)(l), 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

2/6/98
Date

(305) 387-6996
Daytime Phone #

CR2ED40 (8/97)