

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 15 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000070336

1. Corporation Name

PEREGRINE MOTORS, INC.

2. Principal Office Address

37837 Meridian Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 314

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Zip

33525

Country

Pasco

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/97

5. FEI Number

59-3462152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonard H. Johnson

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

37837 Meridian Avenue

Suite, Apt. #, Etc.

Suite 314

City

Dade City

State

FL

Zip

33525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Date

2/26/02

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
CEO	William B. BLACKMAN	858 MILANO DR	Maitland, Florida
President		#2240	32815

10. I certify that I am an officer or director of 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

2/26/02

Daytime Phone #

(407)263-0024

LARS WERTZ