


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 DEC -4 PM 10:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000013537

1. Corporation Name

BREATHLESS PERFORMANCE PRODUCTS, INC.

2. Principal Office Address

2024-B Tigertail Blvd.

Suite, Apt. #, etc.

Building #7

3. Mailing Office Address

1802-102 N. University

Suite, Apt. #, etc.

#277

City & State

Dania, Florida

City & State

Plantation, Florida

Zip

33004

Country

U.S.A.

Zip

33322

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1998

5. FEI Number

65-0813084

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

Ernie A. Francis

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

8040 Cleary Boulevard, Villa 412

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Date 11/30/00

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
P, D T, S	Ernie A. Francis	8040 Cleary Boulevard, Villa 412	Plantation, Florida 33324
1			

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:

Ernie A. Francis

11/30/00

(954) 925-7725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/99)