

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000018736**

1. Corporation Name

KEN'S PERFORMANCE, INC.

Principal Place of Business

83 W JERSEY STREET
ORLANDO FL 32806

Mailing Address

83 W JERSEY STREET
ORLANDO FL 32806



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/25/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3500184	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	WELLS, KENNETH D	3300 CIMMARON DRIVE	ORLANDO FL 32825
			000003464800--6 -11/15/00--01093--018 ****750.00 ****750.00
			REINSTATEMENT 2000
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

MALONE, WILLIAM C IV
827 MENENDEZ COURT
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
Kenneth D Wells

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

Suite, Apt. #, Etc.
Orlando, FL 32806

City

State Zip Code
FL 32806

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

[Handwritten Signature] **REGISTERED AGENT MUST SIGN**

Date **10/13/00**

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:

[Handwritten Signature] **REGISTERED AGENT MUST SIGN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/13/00**

Date

407-839-6129

Daytime Phone #