

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 20 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

02/03

IBP
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078082

1. Corporation Name

Performance Products, Inc.

2. Principal Office Address

311 Riverside Dr.

Suite, Apt. #, etc.

Apt. 220

City & State

Holly Hills, FL

Zip

32117

Country

USA

3. Mailing Office Address

311 Riverside Dr.

Suite, Apt. #, etc.

Apt. 220

City & State

Holly Hills, FL

Zip

32117

Country

USA

900010080379

01/14/03--01061--026 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1998

5. FEI Number

59-3537426

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

Emory Donaldson

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

311 Riverside Dr.

Suite, Apt. #, Etc.

Apt. 220

City

Holly Hills

State

FL

Zip Code

32117

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

REGISTERED AGENT MUST SIGN

Date

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
D	Emory M. Donaldson	311 Riverside Dr., #220	Holly Hills, FL 32117

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emory M. Donaldson

Date

12/15/02

Daytime Phone #

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
INTERNATIONAL BUSINESS BROKERS ASSOCIATION

D.M. SNYDER
CPA, PC

INSTITUTE OF MANAGEMENT CONSULTANTS
QUICKBOOKS® CERTIFIED PROFESSIONAL ADVISORS

December 15, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

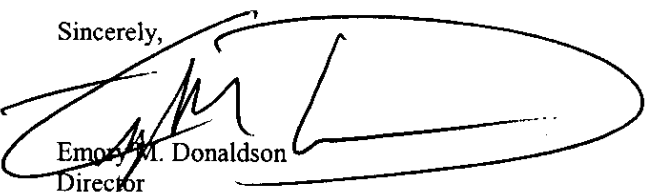
Re: Corporation Reinstatement

Enclosed you will find A signed Application for Reinstatement for Performance Products Inc, document # P98000078082. I am also enclosing our check for the payment of the annual-filing fee.

The enclosed report is filed late due to my moving from South Carolina to Florida and the report due May 1, 2002 was not forwarded to me on time. The report due in September, 2002 was sent to my parents address and was not forwarded on to me until after the September due date.

We respectfully request a waiver of the \$600.00 penalty due to the circumstances outlined above. Should you need any further information, please call me at 1-386-252-0201 or write to me at 311 Riverside Drive, Apt. 220, Holley Hills, FL 32117.

Sincerely,



Emory M. Donaldson
Director