

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021869

1. Corporation Name

PEAK PERFORMANCE SYSTEMS, INC.

Principal Place of Business

Mailing Address

220 WEST GREGORY ST.
PENSACOLA FL 32501

220 WEST GREGORY ST.
PENSACOLA FL 32501



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

618 BAYOU BLVD

3. New Mailing Office Address, If Applicable

618 BAYOU BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State
PENSACOLA FL

Zip
32503

Country
USA

Zip
32503

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1999

5. FEI Number

59-3573811

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHERMAN, CAROL J	618 BAYOU BLVD.	PENSACOLA FL 32503
D	WALLS, KELLY	6470 JUDKINS	PENSACOLA FL 32504
			500003482045 1 -11/30/00--01105--013 ****758.75 ****758.75
			REINSTATEMENT CO 178

8. Name and Address of Current Registered Agent

SHERMAN, ROGER M
618 BAYOU BLVD.
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature of Roger M. Sherman]

REGISTERED AGENT MUST SIGN

Date Nov 6 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J. SHERMAN

Nov 6 2000

Date

850 435 9628

Daytime Phone #

CR20040 (8/00)