

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6-2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000107798

00 DEC -5 AM 10:21

1. Corporation Name

PERFORMANCE PARTS OF AMERICA CORP.

Principal Place of Business

Mailing Address

3541 N.W. 115 AVE.
MIAMI FL 33178

3541 N.W. 115 AVE.
MIAMI FL 33178



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

2. New Principal Office Address, If Applicable

10556 NW 26th Street

Suite, Apt. #, etc.

Suite D 102

City & State

Miami, FL

Zip 33172

Country

USA

3. New Mailing Office Address, If Applicable

10556 NW 26th Street

Suite, Apt. #, etc.

Suite D 102

City & State

Miami, FL

Zip 33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1999

5. FEI Number

Applied For.

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	DEVIA, DANIEL	5925 N.W. 110 CT.	MIAMI FL 33178

800003500858--2
-12/14/00--01014--001
****158.75 ****158.75

8. Name and Address of Current Registered Agent

MALFELD, GARY D ESQ.
8420 N.W. 52ND. ST., STE. 107
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Malfeld, Gary D Esq

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

10556 NW 26th street

Suite, Apt. #, Etc.

Suite D 102

City

Miami

State

FL

Zip Code

33172

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

Gary D. Malfeld

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/30/2000

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.

AD

SIGNATURE:

SIGNATURE REQUIRED
Daniel Devia

Date

11/30/2000

Daytime Phone #

3056392446

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P99000107798

Performance Parts of America

To: FLORIDA DEPARTMENT OF STATE
Attn: Division of Corporations
Annual Report / Reinstatement Section
Tallahassee, FL 32314-6327

Ref: Not be Penalized Document # P99000107798

Dear Sirs

With this Letter Our Corporation requests its understanding for not penalize the revocation to Our Corporation to the next year 2001, with the Reinstatement fee for \$ 600.

Our Corporation Was Qualified to do Business in Florida at 12 / 14 / 1999 , (My Daughter's birthday) and this is our first Renovation.

The reason for this Delay to do the renovation, was that we changed our Business and Mailing Address and our Corporation not received its kind format on time.

Please accept our Enclosed Payment for:

Annual report Fee	\$ 61,25
Corporate Supplemental fee	\$ 88,75
Certificate Status	\$ 8,75

Total	\$ 158,75

Our New Business and Mail address is:

10556 NW 26 th Street, Suite D 102
Miami, Fl 33172

Cordially Yours


Eng. Daniel Devia
Vicepresident