

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
98-99 AR
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

59 MAY 24 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **SL13892**
 1. Corporation Name **Performance Office Products, Inc.**
5131 N. TAMIANI TRAIL
SARASOTA, FL 34234

Principal Place of Business Mailing Address
5131 N. TAMIANI TRAIL SAME
SARASOTA, FL 34234

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

2. New Principal Office Address, If Applicable **See above**
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable **See above**
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1991**

5. FEI Number **593058210**
 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT 98-99 AR

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State Zip
Pres	Steven S. Levison	5131 N. TAMIANI TRAIL	SARASOTA FL 34234

100002895311--4
06/04/99-01067-009
******300.00 ****300.00**

8. Name and Address of Current Registered Agent
Thomas Fotopoulos
707 N. FRANKLIN STREET
SUITE 725
TAMPA, FL 33602

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **Thomas Fotopoulos**
 REGISTERED AGENT MUST SIGN
 Date **5-4-1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: **Steven S. Levison**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **5-4-1999**
 Daytime Phone # **941-351-5500**

CP2001 (12-98)