

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 23 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S 94 356

1. Corporation Name

**A-Plus Auto Performance, Inc.**

2. Principal Office Address - No P.O. Box #

**4031 North Forsyth Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**4031 North Forsyth Rd.**

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**US**

Zip

**32792**

Country

**US**

**REINSTATEMENT**

CR2E081 (1/07)

**1995-2007**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/15/91**

5. FEI Number

**593092841**

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  
**Grillakis, John**

Street Address (P.O. Box Number is Not Acceptable)  
**4031 North Forsyth Rd.**

Suite, Apt. #, Etc.

City  
**Winter Park**

State  
**FL**

Zip Code  
**32791**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **10-17-07**

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	Grillakis, John	4031 North Forsyth Rd	Winter Park, FL 32792
D	Grillakis, Bonnie	4031 North Forsyth Rd	Winter Park, FL 32792

**300111233543**  
**10/23/07--01057--023 \*\*2550.00**

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 contained in Chapter 119, 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

**JOHN GRILLAKIS**

Date

**10-17-07**

Daytime Phone #

**407-678-9203**

20f2



**CPLS**, P.A.

A Professional Association of Attorneys & Counselors at Law

201 E. Pine Street, Ste. 445  
Orlando, Florida 32801

Telephone: (407) 647-7887  
Facsimile: (407) 647-5396

October 22, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

Re: Tropicana Trust, Inc. vs. A-Plus Auto Performance, Inc.; Our File No. 164-3

Dear Sir or Madam:

Please find enclosed herein an executed Corporation Reinstatement form regarding A-Plus Auto Performance, Inc. and a check from this office payable to the Department of State in the amount of \$2,550.00 to cover the fee for the processing the same. Please forward any correspondence or receipt related to this matter to this office at the above fax number or address.

Should you have any questions or concerns regarding this matter, please feel free to contact me at the above number.

Sincerely,

Tee Persad, Esq.

Enclosure

C: File