

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33140**

1. Corporation Name

PERFORMANCE CONTRACTORS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

403 TULANE CIRCLE
AVON PARK FL 33825

403 TULANE CIRCLE
AVON PARK FL 33825



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3120811

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRILL, JOHN III	250 SOUTH FOREST AVE	AVON PARK FL 33825
VP	DAVIDSON, KEN	250 SOUTH FOREST AVE	AVON PARK FL 33825
VP	GRILL, JOHN JR.	403 TULANE CIRCLE	AVON PARK FL 33825
VP	CARRAWAY, CLARENCE	250 - SOUTH FOREST AVE	AVON PARK, FL 33825
			100024986491 11/24/03--01111--091 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRILL, JOHN III
250 SOUTH FOREST AVE
AVON PARK FL 33826

Name

JOHN G. GRILL JR.

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

403 - TULANE CIRCLE

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-18-03

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

JOHN G. GRILL JR.

11-18-03

863/452-1568

Date

Daytime Phone #

CR2E040 (7/03)