

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36270

1. Corporation Name
DEVEK PERFORMANCE PRODUCTS, INCORPORATED

Principal Place of Business Mailing Address
2341 FOXWORTH DR. 2341 FOXWORTH DR.
PANAMA CITY FL 32405 PANAMA CITY FL 32405
US US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3120369	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS*	EKMAN, LEONARD C.	2341 FOXWORTH DRIVE	PANAMA CITY FL 32405
VD	MCCINTOCK, RIDE (DECEASED)	2020 BLAKE CT.	BERKLEY CA 94704
VD	THOMAS, MARC M	30 EXETER 248 HARBOR BLVD	SAN CARLOS CA 94070 BELMONT CA 94002
STD	KIRBY, SUSAN L.	30 EXETER 248 HARBOR BLVD	JAN CARLOS CA 94070 BELMONT CA 94002
			000002052890--7 01/09/97 01086-006 ***370.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EKMAN, LEONARD C. 2341 FOXWORTH DRIVE PANAMA CITY FL 32405		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: Leonard C. Ekman
Date: 4 JAN 97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Leonard C. Ekman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD C. EKMAN, PRESIDENT
Date: 4 JAN 97
Daytime Phone #: (904) 763-6148 (2V MSC)

CR2E040 (7/96)