

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 DEC 31 AM 10:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V36270**

Corporation Name

**DEVK PERFORMANCE PRODUCTS, INCORPORATED**

Principal Place of Business

248 HARBOR BLVD  
 BELMONT CA 94002  
 US

Mailing Address

2341 FOXWORTH DR.  
 PANAMA CITY FL 32405  
 US

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

05/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3120369

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
PD	EKMAN, LEONARD C	2341 FOXWORTH DRIVE	PANAMA CITY FL 32405
VD	THOMAS, MARC M	248 HARBOR BLVD.	BELMONT CA 94002
STD	KIRBY, SUSAN L	248 HARBOR BLVD.	BELMONT CA 94002

600004980226--2  
 -02/05/02--01042--015  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

EKMAN, LEONARD C  
 2341 FOXWORTH DRIVE  
 PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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* REGISTERED AGENT REQUIRED

REGISTERED AGENT MUST SIGN

Date 29 DEC 01

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:

*Leonard C. Ekman* REGISTERED AGENT REQUIRED  
 LEONARD C. EKMAN

Date

Daytime Phone #

29 DEC 01 (850) 763-6148

CR2E040 (8/01)