

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

**FILED**

98 SEP 17 AM 11:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **L15606**  
 1. Corporation Name  
**Ultra Performance International, Inc.**

Principal Place of Business Mailing Address  
**226 South Palafox Pl Suite 206 (same)**  
**Pensacola, Florida 32501**

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

2. New Principal Office Address, If Applicable  
**226 South Palafox Place**  
 Suite, Apt. #, etc.  
**Suite 206**  
 City & State  
**Pensacola, Florida**  
 Zip Country  
**32501 USA**

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

4. Date Incorporated or Qualified To Do Business in Florida  
**14 Sep 89**

5. FEI Number  
**59-2984131**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JAMES E. JOHNSON	1635 HIGDON FERRY Rd Suite C-263	HOT SPRINGS, AR 71913
SEC	EVA L. JOHNSON	↓	↓
TREA	EVA L. JOHNSON	↓	↓
DIR.	JAMES E. JOHNSON	↓	↓

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 \*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**Vaughn C. Brennan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**226 South Palafox Place**  
 Suite, Apt. #, Etc.  
**Suite 206**  
 City  
**Pensacola** State  
**FL** Zip Code  
**32501**

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 **Vaughn C. Brennan** Date **June 26, 1998**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: **James E. Johnson** 14 Sep 98 5d-767-0694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1-98)