

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 20 PH 5:06

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NB12000005568

1. Corporation Name
Northeast Performance Company

REINSTATEMENT 03-04

2. Principal Office Address
218 VISCAYA Blvd.3. Mailing Office Address
818 VISCAYA Blvd.300036959103
05/20/04--01036--004 **122.50

Bldg, Apt. #, etc.

Bldg, Apt. #, etc.

4. This reinstatement is classified
To the following in Section

2001

City & State

St. Augustine, FL

City & State

St. Augustine, FL

5. FEI Number

59-3736573

7. Registered For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

If checked, the corporation has a right to be reinstated.

7. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

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

1600 East Jefferson Street

Bldg, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.002 or 607.001, F.S.

Signature of
Registered Agent

Neil A. Aul

Date

5/14/04

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
Director	Robert DuFresne	1310 Prince Rd.	St. Augustine, FL 32084
Director	Jill Brennan	818 Viscaya Blvd.	St. Augustine, FL 32086
Director	Jay Owen	870 Whispering Woods Ln #6	St. Augustine, FL 32084

10. I certify that I am an officer or director of the corporation or person empowered to execute this application as provided for in chapter 607 or 607, F.S. I further certify that when filing this reinstatement application, the names of all persons who have been appointed, the corporate name satisfies the requirements of section 607.002 or 607.001, 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 116.002(1), 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:

Jill Brennan

5/13/04

904 797 8840

SIGNATURE AND TYPE OF OFFICIAL MUST BE PRINTED OR STAMPED ON DIRECTOR'S

Date

Corporate Phone #

NORTHEAST PERFORMANCE COMPANY

818 Viscaya Blvd.
St. Augustine, FL 32086
(904) 377-3013 (904) 797-1824 fax
northeastiw@hotmail.com

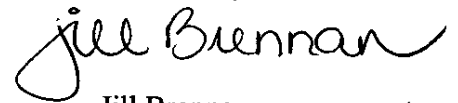
May 13, 2004

To Whom It May Concern:

The intent of this letter is to notify you that neither, Northeast Performance Company nor our registered agent with Business Filings Inc., has received notice for the past two years of an annual report fee. Apparently there was an oversight during an address change that affected important communication to our non-profit organization. When processing our 2003 taxes, the problem became apparent and actions are immediately being taken to resolve this matter.

After speaking with the Secretary of State on May 12, 2004, we were informed the reinstatement fee would be waived and the past due amount is to be paid in full by Northeast Performance Company, along with completion of the Florida Department of State Corporation Reinstatement form and this letter of explanation.

Sincerely,



Jill Brennan
Artistic Director
Northeast Performance Company