

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

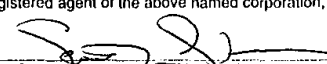
<p>APPLICATION FOR REINSTATEMENT</p> <p style="font-size: 2em; text-align: center;">2001</p> <p style="text-align: center;">Jill Smith Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p> <p>1. Name and Mailing Address of Corporation: DOCUMENT # P00000046542</p> <p style="margin-left: 40px;">Performance Plus USA, Inc. 902 N.W. 130th Terrace Sunrise, Florida 33325</p>	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 3em; text-align: center;">192</p> <p style="text-align: center;">FILED</p> <p style="text-align: center;">01 NOV 13 AM 10:08</p> <p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>
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4. Date Incorporated or Qualified To Do Business in Florida 5/8/00	5. FEI Number 65-1008611	FEI Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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
PTD	Sullivan, Scott F.	902 N.W. 130th Terrace	Sunrise, Florida 33325
VSD	Sullivan, Alana L.	902 N.W. 130th Terrace	Sunrise, Florida 33325

REGISTERED AGENT INFORMATION		9. If changed, new registered agent / office	
8. Name and Address of Current Registered Agent Sullivan, Scott F. 902 N.W. 130th Terrace Sunrise, Florida 33325		Name _____	
		Street Address (Do NOT Use P.O. Box Number) _____	
		Street Address (Do NOT Use P.O. Box Number) _____	
		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.

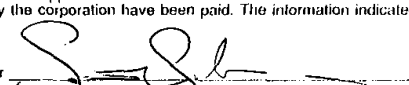
Signature of Registered Agent  Date _____

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

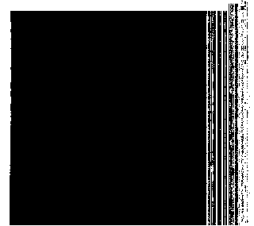
Signature of Officer or Director  Date _____ Daytime Phone # _____



Burton & Company, P.A.

Certified Public Accountants

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November 05, 2001

Division of Corporations
Uniform Business Reports Filings
Tallahassee, FL 32302

RE: Performance Plus USA, Inc.
Document Number P00000046542

Enclosed, please find our client's application for reinstatement as a Florida corporation. Our client, Performance Plus USA, Inc. has requested that we correspond with you regarding their reinstatement.

Performance Plus USA, Inc.'s officers, Scott and Alana Sullivan, had a tragic death in their family that demanded their full attention. During their crisis, they were unaware that the Uniform Business Report was due. This delinquency happened inadvertently and shouldn't happen again.

We respectfully request that you reinstate Performance Plus USA, Inc. as a Florida corporation and please accept the check payable to you in the amount of \$150.00 representing this year's fee.

Thank you very much for your cooperation.

Sincerely,

Jerry L. Hughes

Jerry L. Hughes
Staff Accountant

Encl.

cc: Performance Plus USA, Inc.