
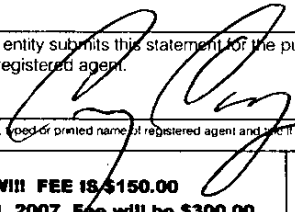


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000004635 1. Entity Name CNC PERFORMANCE, INC.						06 OCT 10 11:08:49 REINSTATEMENT	
Principal Place of Business 1929 DEL PRADO BLVD. CAPE CORAL, FL 33990				Mailing Address 1929 DEL PRADO BLVD. CAPE CORAL, FL 33990			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 10082006 REIN-P CRZE038 (11/05) 06			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-1082285				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COOPER, CORY 1929 DEL PRADO BLVD. CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code			
SIGNATURE:  <small>Signature, typed or printed name of registered agent and state if applicable.</small>				DATE: 10-5-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, CORY 1929 DEL PRADO BLVD. CAPE CORAL, FL 33990 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080642060 10/10/06--01005--003 **308.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10-5-06 Daytime Phone #			