REINSTATEMENT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 AUG 13 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070783

1. Entity Name
Performance Test, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8710 W. Hillsborough	
Suite, Apt. #, etc. #131	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State
Zip: 33615 Country	Zip Country

4. FEI Number: 65-1122819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Ivan Caro
Street Address (P.O. Box Number is Not Acceptable): 8710 W. Hillsborough #131
City: Tampa FL Zip Code: 33615

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.

SIGNATURE: Ivan Caro
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Ivan Caro
STREET ADDRESS	8710 W. Hillsborough #131
CITY-ST-ZIP	Tampa, Fl. 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300040246493
08/17/04--01043--016 **300.00

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ivan Caro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2004 or any other notice from the Division of Corporations in respect with the Corporation **PERFORMANCE TEST, INC.**

Thank you for your courtesy in this matter.

Ivan Caro

IVAN CARO
PRESIDENT