

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR 12 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000032282

**1. Corporation Name**

Topend Performance Products, Inc.

**2. Principal Office Address**  
4406 NE 11th Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

Zip

33334

Country

USA

**3. Mailing Office Address**  
4704 NE 11th Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

Zip

33334

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 3/25/2002

**5. FEI Number**  
01-0824200

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Rafael Lebron

Street Address (P.O. Box Number is Not Acceptable)  
4704 NE 11th Ave.

Suite, Apt. #, Etc.

City  
Ft. Lauderdale

State  
FL

Zip Code  
33334

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Rafael Lebron*

REGISTERED AGENT MUST SIGN

Date 3/16/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Rafael Lebron	1011 NW 93rd Terrace	Plantation, FL. 33322
VP	Alfredo Lovera	2735 Doe Trail	Loxahatchee, FL. 33470

**10. 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:**

*Rafael Lebron*

Rafael Lebron

3/16/2005

954-445-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)