

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.

3. Mailing Office Address
4704 NE 11th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

City & State

Ft. Lauderdale, FL.

Zip

33334

Country

USA

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

300052143143
04/26/05 01000 014 **458.75

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)

APR 6 11 2005