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DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT 12 PM 12:00

DOCUMENT # P02000054730

1. Corporation Name

ESR PERFORMANCE CORP

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1861 SW 112 TERRACE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL.	City & State
Zip: 33025 Country: USA	Zip: 33025 Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-17-2002

5. FEI Number: 04-3667326 ☐ 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: SAUL PONCE

700041187517
09/20/04--01086--001 **300.00

Street Address (P.O. Box Number is Not Acceptable): 1861 SW 112 TERRACE

Suite, Apt. #, Etc.:

City: MIRAMAR State: FL Zip Code: 33025

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: _____ Date: _____

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
D	PONCE SAUL	1861 SW 112 TERRACE	MIRAMAR, FL 33025
D	BAIZ ENRIQUE	1861 SW 112 TERRACE	MIRAMAR, FL 33025

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: _____ 09/20/04 (954) 447-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/12 AD

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Hollywood, October 4, 2004

Florida Department of State
Tallahassee

Attention: Supervisor Audy Dunlap

Dear Mr. Dunlap:

This letter is to inform that I was out of the Country because of a medical treatment, for that reason I never received the Uniform Business Report belongs to years 2003/2004.

Wherever, I would like continue with corporation activities keeping my Same name and my same EIN.

I am applying to reinstate my corporation name and I have enclosed a check for the amount of US $300.00 as fee in a previous letter.

Thanks for your cooperation,

Sincerely,

Saul Ponce
President