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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800036520648  
05/17/04--01069--004 \*\*300.00

REINSTATEMENT

02-04

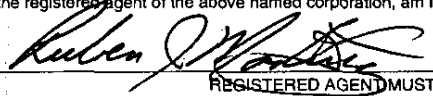
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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000085370</b>			
<b>1. Corporation Name</b> WET SPOT PERFORMANCE, INC. 7700 WEST 24th AVENUE,			
<b>2. Principal Office Address</b> 1937 WEST 76 ST Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1937 WEST 76 ST Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33014	Country US	Zip 33014	Country US

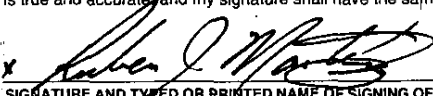
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/06/1995	
<b>5. FEI Number</b> 650651774	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name RUBEN J. MARTINEZ	
Street Address (P.O. Box Number is Not Acceptable) 6490 W 2 AVENUE	
Suite, Apt. #, Etc.	
City HIALEAH	State FL
Zip Code 33012	

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<b>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.</b>	
Signature of Registered Agent x 	Date 5/12/04
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PSD	RUBEN J. MARTINEZ	6490 W 2 AVENUE	HIALEAH, FL 33012

<b>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.</b>	
<b>SIGNATURE:</b> x 	<b>Date</b> 5/12/04
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	
<b>Daytime Phone #</b>	

CR2E081 (01/04)

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**WET SPOT PERFORMANCE, INC.  
1937 WEST 76<sup>TH</sup> ST.  
HIALEAH, FL 33014  
(305) 822-9919**

May 12, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

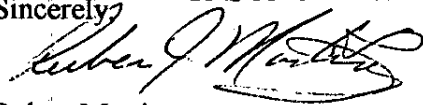
RE: Wet Spot Performance, Inc.  
P9500008537

Dear Sirs/Madam,

It has recently come to my attention that my corporation has been dissolved. I never received notification of such action due to the relocation of my business. Attached is the reinstatement documentation for my corporation. Please make the noted changes to my physical and mailing address.

Based upon the above please waive the reinstatement fee for \$600.00. If you have any questions or in need of any additional information please do not hesitate to contact me.

Sincerely,



Ruben Martinez  
President