


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000006586		
1. Entity Name USA PERFORMANCE PRODUCTS, INC.		

FILED
09 FEB -5 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1016 CLEMONS STREET SUITE 302 JUPITER, FL 33477	Mailing Address 1016 CLEMONS STREET SUITE 302 JUPITER, FL 33477
--	--

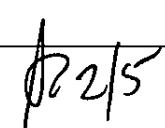
2. Principal Place of Business - No P.O. Box # 601 SEAFARER CIRCLE	3. Mailing Address 601 SEAFARER CIRCLE
Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc. SUITE 402
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33477	Country US

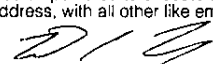
12132003 4. FEI Number 65-0812050	1002E098 (1/07) 08 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURNER, RICHARD C 1016 CLEMONS STREET SUITE 302 JUPITER, FL 33477	
---	--

7. Name and Address of New Registered Agent Name TURNER, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 4200 OAK STREET City PALM BEACH GARDENS FL Zip Code 33418	
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  Richard C. Turner 12/19/2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PANAIA, ANDREW J 1016 CLEMONS STREET #302 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PANAIA, ANDREW J 4200 OAK STREET PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, RICHARD C 4200 OAK STREET PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100142890691 02/05/09--01009--018 **2100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Richard C. Turner - Treasurer 12/19/2008 561-429-8704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	