PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 AUG 20 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
ATP PERFORMANCE PRODUCTS, INC.
P 98000044609

2. Principal Office Address		**3.** Mailing Office Address	
4210 COCONUT BLVD.		P.O. BOX 211205	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROYAL PALM BEACH, FL		City & State: ROYAL PALM BEACH, FL	
Zip: 33411	Country: PALM BEACH	Zip: 33421	Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 5/15/98

5. FEI Number: 65-0845676 — 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: JEFFREY R. WALBEN

500004563495--8
-08/30/01--01024--003
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 4210 COCONUT BOULEVARD

Suite, Apt. #, Etc.:

City: ROYAL PALM BEACH — State: FL — Zip Code: 33411

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: [signature] — REGISTERED AGENT MUST SIGN — Date: 8/16/01

CR2E061 (9/00)

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
P	LAURA M. DAVIS	4210 COCONUT BLVD.	ROYAL PALM BCH, FL 33411
S	LYNDA JAMES	2600 GREENWOOD TERRACE APT: G112	BOCA RATON, FL
		REINSTATEMENT	99-01
			MW

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: [signature] 8/17/01 (561) 333-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURA M. DAVIS, PRESIDENT

ACCOUNT NO. : 072100000032

REFERENCE : 434217 7282836

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : August 20, 2001

ORDER TIME : 3:35 PM

ORDER NO. : 434217-005

CUSTOMER NO: 7282836

CUSTOMER: Mr. Jeffrey R. Walber
Atp Performance Products, Inc.
4210 Coconut Boulevard

West Palm Beach, FL 33411

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 20 PM 4:37

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: ATP PERFORMANCE PRODUCTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____