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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 16 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008022178--3
-09/25/02--01071--022
***300.00 ***300.00

HB

2001-2002 UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
~~REINSTATEMENT~~

DOCUMENT # P99000031861
1. Corporation Name
Upgrade Performance of Tallahassee Inc.

2. Principal Office Address 2819D Industrial Plaza Drive		3. Mailing Office Address 2819D Industrial Plaza Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32301	Country USA	Zip 32301	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	04/07/1999
5. FEI Number	593567726
Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Shaun Torrente

Street Address (P.O. Box Number is Not Acceptable)
2819D Industrial Plaza Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 REGISTERED AGENT MUST SIGN Date 9/16/02

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.	Shaun Torrente	401 Richview Park Cr.	Tallahassee, FL 32308

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: Date 9/16/02 Daytime Phone # 850-671-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E081 (9/01)

2052

Upgrade Performance

2819-D Industrial Plaza

Tallahassee, FL 32301

Phone: (850)671-1596 Fax: (850)671-2148

September 16, 2002

Department of State
Division of Corporations
Tallahassee, FL

Dear Sirs:

Please waive the penalty fees for my corporation as I never received the 2001 and 2002 Uniform Business Reports. Enclosed please find my check in the amount of \$300.00.

Your consideration in this matter is greatly appreciated.



Shaun Torrente
President