

10x2  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED



CORPORATION

~~REINSTATEMENT~~

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

DOCUMENT # P99000031861

1. Corporation Name

Upgrade Performance of Tallahassee Inc.

2. Principal Office Address  
2819D Industrial Plaza Drive

Suite, Apt. #, etc.

City & State  
Tallahassee, Florida

Zip  
32301

Country  
USA

3. Mailing Office Address  
2819D Industrial Plaza Drive

Suite, Apt. #, etc.

City & State  
Tallahassee, Florida

Zip  
32301

Country  
USA

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

2001-2002 UBR

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  \$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 9/6/02

CR2E081 (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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02

ESO-671-1595

Date

Daytime Phone #

2002

# 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