PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01/02 WCR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -4 AM 9:27

DOCUMENT # P00000048950

1. Corporation Name
XTREME WHOLESALE CORPORATION
5214 A. N.W 35th AVE.
MIAMI - Fla 33142

2. Principal Office Address	3. Mailing Office Address
5214A. N.W 35th Ave	5214A. N.W 35th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - Fla	City & State: Miami - Fla
Zip: 33142 Country: U.S.A	Zip: 33142 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1008949 ☐ 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: AMAURI HIDALGO JR.

Street Address (P.O. Box Number is Not Acceptable): 5214 A. N.W 35th AVE.

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-02/12/02--01030--026
****300.00 ****300.00

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33142

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: X [signature] Date: 01/14/02
REGISTERED AGENT MUST SIGN

CR2E081 (3/00)

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, S	AMAURI HIDALGO JR.	5214A. N.W 35th AVE.	MIAMI -Fla 33142
T	LAZARO MILIAN	5214A. N.W 35th Ave	MIAMI -Fla 33142

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: X [signature] 01/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/15/02

To: Department of State
Division of Corporations

Subject: XTREME Wholesale Corporation
Annual Report 2001

As per our conversation that we never received the annual report for our corporation for 2001, we are enclosing the reinstatement form and a check for $300.00, per your instructions, to pay both fees 2001 and 2002 and our corporation will be reinstated.
Sorry for any inconvenience this could have caused

Sincerely yours,
Amauri Pizarro Jr.