

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100216		
1. Entity Name EXTREME R C ENTERTAINMENT CENTERS, INC.		

Principal Place of Business 7655 STARKEY ROAD SEMINOLE, FL 33772 US	Mailing Address 7655 STARKEY ROAD SEMINOLE, FL 33772 US
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2. Principal Place of Business - No P.O. Box # 800 43rd STREET S. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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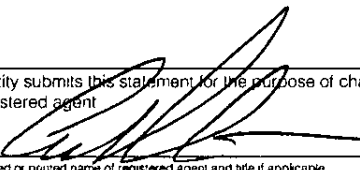
City & State ST. PETERSBURG, FL	City & State
Zip 33711	Country USA

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6. Name and Address of Current Registered Agent KADAU, CURTIS K 7655 STARKEY ROAD SEMINOLE, FL 33772	
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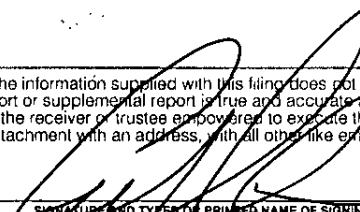
4. FEI Number 20-3164630	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name: CURTIS K KADAU Street Address (P.O. Box Number is Not Acceptable): 4039 48th AVE S. City: ST. PETERSBURG FL Zip Code: 33711	
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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: 	DATE: 4/20/2009

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KADAU, CURTIS K 7655 STARKEY ROAD SEMINOLE, FL 33772 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. CURTIS K. KADAU 4039 48th AVE. S. ST. PETERSBURG, FL 33711 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAULA N. KADAU 4039 48th AVE. S. ST. PETERSBURG, FL 33711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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: 	DATE: 4/20/2009