

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # **V12451**

1 Corporation Name  
**EXTREME, CORP.**

96 DEC 12 PM 3: 16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MWB*  
*12/12/96*

Principal Place of Business Mailing Address  
~~2507 SW 32ND AVE MIAMI FL 33133~~  
**7846 CORAL WAY MIAMI FL. 33155**  
~~2507 SW 32ND AVE MIAMI FL 33133~~  
**7846 CORAL WAY MIAMI FL. 33155**



**REINSTATEMENT 1996**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>7846 CORAL WAY</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>02/06/1992</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0313580</b>	
City & State <b>Miami FLORIDA</b>		City & State		Applied For Not Applicable	
Zip <b>FL 33155</b>	Country <b>USA</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVTS	BARAHONA, DANNY	<del>2507 SW 32ND AVE</del> <b>7846 CORAL WAY</b>	MIAMI FL

100002028331--2  
-12/13/96--01012--005  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent <b>BARAHONA, DANNY</b> <del>2507 SW 32ND AVE MIAMI FL 33133</del> <b>7846 CORAL WAY MIAMI FL. 33155</b>		9. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State <b>FL</b>		Zip Code	

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **REQUIRED** Date **12/09/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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]* **DANNY BARAHONA** Date **12/09/96** Daytime Phone # **(305) 260-0028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR