

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000021310

Name and Mailing Address

02 OCT 25 AM 8:01

0001333 01 FP 0.352 **PRSR T5 0 0615 33029-432422
XTREME ACCESSORIES, LLC
322 S.W. 183 TERR.
PEMBROKE PINES FL 33029-4324

000008588370
10/25/02--01027--001 **150.00



10/4/02

2. New Mailing Address 6861 SW 196 Ave #402 City, State, Zip: Pembroke Pines, FL 33332		4. State/Country of Formation FL	
3. New Principal Place of Business Address 6861 SW 196 Ave #402 City, State, Zip: Pembroke Pines, FL 33332		5. Date Organized or Qualified To Do Business in Florida 12/10/2001	
Principal Place of Business 322 S.W. 183 TERR. PEMBROKE PINES FL 33029		6. FEI Number 65-1157573	Applied For Not Applicable
8. Name and Address of Current Registered Agent LUBIN, SETH D 322 S.W. 183 TERR. PEMBROKE PINES FL 33029		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Lubin, Seth D., Esq. Street Address (P.O. Box Number is Not Acceptable): 6861 SW 196 Ave #402 City: Pembroke Pines, FL Zip Code: 33332			

REINSTATEMENT

2002

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 10/23/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gary Bart	6861 SW 196 Ave #402	P.P., FL 33332
MGRM	Tim Cave	6861 SW 196 Ave #402	P.P., FL 33332
MGRM	Sean McNulty	6861 SW 196 Ave #402	P.P., FL 33332
MGRM	Dean Constantine	6861 SW 196 Ave #402	P.P., FL 33332
MGRM	Seth Lubin	6861 SW 196 Ave #402	P.P., FL 33332

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 10/23/02 Daytime Phone # 954-880-0033

Typed or printed name of signing Managing Member/Manager