

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

X-TREME AEROSPACE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

\$600.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG 13 AM 11:49

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000001612

1. Limited Liability Company's Name

X-TREME AEROSPACE, INC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

827 SW 28th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33315

Country

USA

Zip

Country

4. State/Country of Formation
Delaware5. Date Organized or Qualified
To Do Business in Florida April 1, 20036. FEI Number
65-0097620

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee (for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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 8/13/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CPS	John M. Goodwin	827 SW 28th Street	Fort Lauderdale, FL 33315
VCVP	Glenn E. Cauthren	827 SW 28th Street	Fort Lauderdale, FL 33315
T	Glenn E. Cauthren	827 SW 28th Street	Fort Lauderdale, FL 33315

REINSTATEMENT 06-09
B 8/14/09

11. 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 08/13/09

Daytime Phone #

772 3594160

Typed or printed name of signing Managing Member/Manager

John M. Goodwin