

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

10/2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 PM 3: 57

DOCUMENT # N04000001974

1. Entity Name  
FLORIDA X-TREME ALL-STARS, INC.



Principal Place of Business  
5205 NW 23RD STREET  
FT. LAUDERDALE, FL 33313

Mailing Address  
5205 NW 23RD STREET  
FT. LAUDERDALE, FL 33313

REINSTATEMENT 05-06



10062005 REIN-NP CR2E099 (6/04)

FEI Number 200834702 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, BARRY M ESQ.  
7737 N. UNIVERSITY DR. #101  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name Olive Joshua  
Street Address (P.O. Box Number is Not Acceptable)  
5205 NW 23 St  
City Lauderhill FL Zip Code 33313

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSHUA, OLIVE 5205 NW 23RD STREET FT. LAUDERDALE, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHESTNUT, STACEY 2230 NW 47TH AVENUE LAUDERHILL, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SETTLES, LETITIA 2541 NW 26TH COURT FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joshua, Olive 5205 NW 23 St Lauderhill, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082399374 12/08/06--01024--020 **131.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Olive Joshua 12/5/06 954 328 8566

242

**Florida X-treme All-stars, INC.**

5205 NW 23 Street  
Lauderhill, Florida 33313  
954-328-8566  
N04000001974

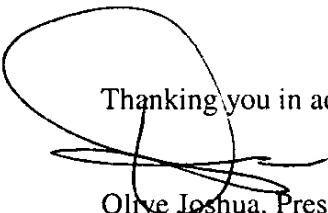
December 6, 2006

To whom it may concern,

Requesting a waiver of the reinstatement fee for above business due to the fact I did not receive notice of renewal.

I am enclosing \$122.50 for the 2005 and 2006 year.

Thanking you in advance



Olive Joshua, President