

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 10:09

DOCUMENT # N04000003925

1. Corporation Name

MARTIN County X-TREME ALL STARS, INC

REINSTATEMENT 05-06

2. Principal Office Address

860 SW 31st Street

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

3. Mailing Office Address

860 SW 31st Street

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4-14-04

5. FEI Number

20-1082641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angie Appleton

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

860 SW 31st Street

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Angie Appleton

Date

12/4/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Angie Appleton	860 SW 31 st Street	Palm City, FL 34990
M	James Appleton	860 SW 31 st Street	Palm City, FL 34990
S	Marshall Snyder	860 SW 31 st Street	Palm City, FL 34990

10. I certify that I am an officer or director or 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 contained in Chapter 119, 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:

Angie Appleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/06 772-219-9184

Date

Daytime Phone #

2 of 2

To Whom It May Concern:

I am requesting a waiver of reinstatement fees as this company was affected by three hurricanes. I am enclosing a check for all reinstatement fees to bring this corporation current.

Sincerely,
Angie Appleton *Angie Appleton*
President