

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005582

FILED
Sep 18, 2007
Secretary of State

Entity Name: XTREME OUTLAW BOOSTERS, INC.

Current Principal Place of Business:

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33578

New Principal Place of Business:

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33576

Current Mailing Address:

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33578

New Mailing Address:

11820 URADCO PLACE
SUITE 103
SAN ANTONIO, FL 33576

FEI Number: 20-3089998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOTEN, JODIE M
10422 BENEVA DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

WOOTEN, JODIE M
8323 WINDSOR BLUFF DRIVE
TAMPA, FL 33647 US

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.

SIGNATURE: JODIE M WOOTEN

09/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENNER, ROBYN
Address: 1521 TWIN PALMS LOOP
City-St-Zip: LUTZ, FL 33559 US

Title: VP () Delete
Name: CRAZYRIVER, LITTLE DAWN
Address: 24910 PANACEA CT
City-St-Zip: LUTZ, FL 33559 US

Title: T () Delete
Name: BAER, LAURA
Address: 11348 HOLLYGLEN DRIVE
City-St-Zip: TAMPA, FL 33624 US

Title: S () Delete
Name: KRAMER, MELISSA
Address: 3311 PENDLETON WAY
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA KRAMER

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09/18/2007

Electronic Signature of Signing Officer or Director

Date