

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 AUG 20 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01082--009
***150.00 ***150.00

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000013788	
1. Corporation Name X-Treem Trux Corp.	
2. Principal Office Address 3105 Fowler Street Suite, Apt. #, etc.	3. Mailing Office Address SAME. Suite, Apt. #, etc. SAME
City & State FT. Myers FL	City & State SAME.
Zip 33901	Country US

4. Date Incorporated or Qualified To Do Business in Florida 2/18/00	
5. FEI Number 65-0977296	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Thomas Lento	
Street Address (P.O. Box Number is Not Acceptable) 1616 Cape Coral Pkwy.	
Suite, Apt. #, Etc. # 141	
City Cape Coral	State FL
Zip Code 33914	

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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 Thomas Lento	Date 7/3/02.
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	Thomas Lento	1616 Cape Coral Pkwy #141	Cape Coral, FL, 33914
U	Margaret Lento	1616 Cape Coral Pkwy #141	Cape Coral, FL, 33914

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 under section 119.07(3)(i), 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: Thomas Lento	7/3/02 239-479-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

JK 8/20/02