


2005 FOR PROFIT CORPORATION REINSTATEMENT

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|---|---------------------------------|--|--|
| DOCUMENT # P00000083278 1. Entity Name EXTREME EXPOSURE, INC. | |  | |
| Principal Place of Business 15 S MAIN ST HIGH SPRINGS, FL 32643 | | Mailing Address 15 S MAIN ST HIGH SPRINGS, FL 32643 | |
| 2. Principal Place of Business 25 S Main Street Suite, Apt. #, etc. | | 3. Mailing Address 25 S Main Street Suite, Apt. #, etc. | |
| City & State High Springs FL Zip 32643 Country | | City & State High Springs FL Zip 32643 Country | |
| 4. FEI Number 59-3499717 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JABLONSKI, JARROD 15 S MAIN ST HIGH SPRINGS, FL 32643 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME JABLONSKI, JARROD STREET ADDRESS 7607 NW 29TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606 | <input type="checkbox"/> Delete | TITLE ST D NAME Corey Jablonski STREET ADDRESS 17402 NW 234 Terr CITY-ST-ZIP High Springs, FL 32643 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE D NAME Charles McKinlay STREET ADDRESS 615 SW 80 Drive CITY-ST-ZIP Gainesville, FL 32607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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 607, 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: <u>Corey Jablonski</u> 11/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

FILED
05 NOV 14 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102005 REIN-P CR2E098 (6/04)