

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000002604**

1. Corporation Name

XTREME HONDA, INC.

100031572851
03/31/04--01070--023 **758.75

2. Principal Office Address

1019 US HWY 301 S.

3. Mailing Office Address

1019 US HWY 301 S.

REINSTATEMENT 03-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33619

Country

USA

Zip

33619

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-08-2001

5. FEI Number

☒ 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

M. WEBSTER PIERCE

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

203 S. PARSONS AVE.

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

M. Webster Pierce

Date

1-6-04

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
PD	RANDY YOUNG	933 BUNKERVIEW DR.	APOLLO BEACH, FL 33572
STD	HANS KLOCKES	6608 SCABIRD WAY	APOLLO BEACH, FL 33572

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 149.07(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:

X Hans Klockes HANS KLOCKES

Date

X 1-16-04

Daytime Phone #

CR2E081 (10/02)