

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028104

1. Corporation Name

EXTREME AUTO, INC.

Principal Place of Business

545 N E 32 ST
OAKLAND PARK FL 33334

Mailing Address

545 N E 32 ST
OAKLAND PARK FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

541 NE 32nd Street

Suite, Apt. #, etc.

Oakland Park FL

City & State

FLORIDA

Zip

33334

Country

USA

3. New Mailing Office Address, If Applicable

5994 NW 74th St.

Suite, Apt. #, etc.

Portland FL

City & State

FLORIDA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

65-1084686

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WALTER, JOANN	3800 GALT OCEAN DR #309 5994 NW 74th Street	FT LAUDERDALE FL 33308 Portland FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



600026114856

01/06/04--01019--001 **150.00

CR2E040 (7/03)

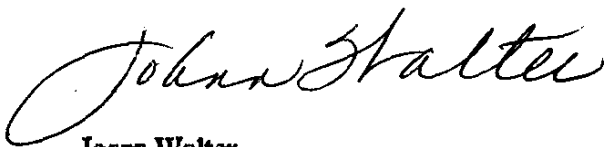
053
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Extreme Auto Inc.
541 NE 32nd Street
Oakland Park, Florida 33334

Subject, Reinstatement of Corporation

To whom it may concern,

Respectfully Request review and reinstatement. Extreme Auto Inc. did not receive the two prior uniform business reports notices. As you can see on the application both addresses of business and corporate officer has changed. Thank you for your attention in this matter.



Joann Walter
President