




FAK AUDIT H03000 1940573

FILED

03 MAY 14 PM 2:30

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000041687					
1. Corporation Name XTREME NURSING, INC.					
2. Principal Office Address 9753 N.W. 127 STREET			3. Mailing Office Address 9753 N.W. 127 STREET		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State HIALEAH GARDENS, FL		City & State HIALEAH GARDENS, FL			
Zip 33018	Country MIAMI-DADE	Zip 33018	Country MIAMI-DADE	4. Date Incorporated or Qualified To Do Business in Florida 04-25-2001	
5. FEI Number 65-1097374				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name RICHARD GARCIA					
Street Address (P.O. Box Number is Not Acceptable) 9753 N.W. 127 STREET					
Suite, Apt. #, Etc.					
City HIALEAH GARDENS				State FL	Zip Code 33018
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 			Date		
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	RICHARD GARCIA	9753 N.W. 127 STREET		HIALEAH GARDEN, FL 33018	
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)(l), 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: 			Date		
Name AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR25015 (10/02)

H03000 1940573

*4753 N.W. 127 ST
HIALEAH GARD, FL 33018*

91 5615

Division of Corporations

Page 1 of 2

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000194076 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305) 541-0790
Fax Number : (305) 541-4015

CORPORATION REINSTATEMENT

R & R ACCOUNTING AND TAX SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00