2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000055144 1. Entity Name X-TREME MARINE, INC.													
Principal Place of Business 1455 90TH AVE LOT #142 VERO BEACH, FL 32966				Mailing Address 1455 90TH AVE LOT #142 VERO BEACH, FL 32966				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 2328 1st Ave, S.E. Suite, Apt. #, etc.				3. Mailing Address stay, 5.6. Suite, Apt. #, etc.				12272004 REIN-P CR2E098 (6/04)					
City & State Beach, Fl.				City & State Beach			4. FEI Number Applied			oplied For]		
3296	62 Country . A.			§2962		Country A.		. ,	of Status Desired		\$8.75 Add Fee Require	litional	
6. Name and Address of Current Registered Agent FEY, MARK 1455 90TH AVE LOT #142 VERO BEACH, FL 32966							Name Danie L. Carradini Street Address (P.O. Box Number is Not Acceptable) 2328 St Ave, S.E. City Vero Beach FL Zin Code 1229 62						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00									In accordance corporation did	with s. 607. not receive	.193(2)(b), e the prior i	F.S., the notice.	
10.		OFFICERS AND	DIRE		11.	w		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 1	
TITLE NAME	CEO FEY, MAF	DIZ \M	Delete	TITLE CF			/ 1.' · '	ident		☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	1455 90TI	H AVE LOT #142 ACH, FL 32966		STRE	ET ADORESS -St-Zip	10 1 10 1	Cott SI	Susan M. Lore Road 1. 03038					
TITLE	COO		☐ Delete	TITL		(0		Perzident		Change	Addition		
NAME Street Address City-St-Zip	CARRADI 1455 90TI VERO BE			ET ADDRESS -ST-ZIP	237 Ven	18 134 A	lanici L. Ivenue 5.E . Fl. 32°			j			
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 I hereby of indicated of the conchanged, 	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.												
SIGNAT	URE: _	SIGNATURE AND TYPED OR I	PRINTE	NAME OF SIGNING OFFICER	OR DIRECT	tor	· _	erradini	12/30/04	(77Z) 	201-0	<u>466</u>	