

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061556

1. Corporation Name

EVERYTHING X-TREME, INC.

Principal Place of Business

2402 GOLDENROD ST.
SARASOTA FL 34239

Mailing Address

2402 GOLDENROD ST.
SARASOTA FL 34239
US



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

2. New Principal Office Address, If Applicable

2475 Wisteria St

Suite, Apt. #, etc.

Sarasota

City & State

Florida

Zip Country

34239 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WHEALTON, MARK A	2402 GOLDENROD ST	SARASOTA FL 34239
V	BJORKLUND, DEBORAH E	2402 GOLDENROD ST	SARASOTA FL 34239

make change

See Attached letter

8. Name and Address of Current Registered Agent

BJORKLUND, DEBORAH E
2402 GOLDENROD ST
SARASOTA FL 34239

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Deborah E Bjorklund 10/18/02

Date

Daytime Phone #

CR2E040 (8/02)

Everything X-treme

2475 Wisteria St. • Sarasota, FL 34234
941-951-7714

10-01-02

Uniform Business Report
Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs;

Please make the address change to our corporation for future mailing. We did not receive our corporation filing until after the due date. We were advised by your customer service office to send the fee with a letter of explanation to complete the proper filing process.

Thank you,



Deborah E. Bjorklund
Officer