

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # 001000061556

**1. Corporation Name**

Everything X-treme

**2. Principal Office Address**

Bld-  
1038 North Washington

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

USA

**3. Mailing Office Address**

2475 Wisteria St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34239

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

651120273

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

Debbie Bjorklund

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

2475 Wisteria St.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

**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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

7/23/04

**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
Pres	Debbie Bjorklund	2475 Wisteria St. S.	Sarasota, FL 34239

**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)(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

7/23/04

Daytime Phone #

9413761173

CR2E081 (01/04)

RE: Everything X-treme  
P01000061556

Please reinstate corporation and change information on reinstatement form.

I was unable to open my business due to a disability for the last 2 years.  
I am now prepare to open, please reinstate.

I have included a check for \$300.00 to cover the fees for 2003 and 2004.

Thank you,

Debbie Bjorklund  
President  
941-376-1173 daytime