PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		• FILEU
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 AUG 20 PM 3: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PO \	000065104	T PALCONIN NO SOLO
Extreme Tradi	xg, Ihc.	
2. Principal Office Address 2941 NO 1084 SA State, Apt. 6. etc.	3. Mailing Office Address Soute, Apt. 4, etc.	300, W 07/25/03 01060 012 4. Date incorporated or Qualified
,		Date incorporated or Qualified To Do Buskness in Florida
To Fleuderdale To	City & State	5. FEI Number Applied For Not Applied For Not Applicable
^表 で Country 33369	Zip Country	6. CERTIFICATE OF STATUS DESIRED Cor a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Scarlet Kuppo		
Street Address (20 Box Number is Not Acceptable) (SAme) 2941 KW 1844 St		
Suria, Apr. 7, Etc.		
State Zip Code FL 33309		
8. 1, 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.		
8. 1, 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 (Fiorida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
CEO Scallt Russo) 2941 NM 1841-84	FJ Randerdale FB 33309
	0.2	
	a record to plant US	
TEMOTATER ENT		
10. Leartify that I am an efficer 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 nived 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 Date Despure Phone #		

August 12, 2003

Division Of Corporations PO Box 6327 Tallahassee, FL 32314

P01000065104

Attn: Tyron Scott

Dear Tyron,

This is in regarding a Reinstatement request for "Extreme Trading Inc." The 2002 year UBR forms where not received for filing and need to be reinstated at this time. I would like all penalty fees waved and the previously sent sum of \$300.00 to be applied for reinstatement.

Thank you for your assistance.

"Extreme Trading Inc. 2941 NW 68th Street

Ft Lauderdale FL 33309

(954) 971-3462

(954) 325-2251 Cell#