

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # <u>PO1000083160</u> Corporation Name <u>XTREME Dent Company</u>																															
2. Principal Office Address <u>2723 WoodRUFF Dr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2723 WoodRUFF Dr.</u> Suite, Apt. #, etc.																													
City & State <u>Orlando, Florida</u> Zip <u>32837</u> Country <u>U.S.A</u>		City & State <u>Orlando, Florida</u> Zip <u>32837</u> Country <u>U.S.A</u>																													
4. Date Incorporated or Qualified To Do Business in Florida <u>8-22-01</u>		5. FEI Number <u>59-3743055</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name <u>Cain Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>2723 WoodRUFF Dr.</u> Suite, Apt. #, Etc. City <u>Orlando, FL</u> State <u>FL</u> Zip Code <u>32837</u>																															
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 <u>Cain Smith</u> Date <u>12/28/02</u> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Owner</td><td>Cain Smith</td><td>2723 WoodRUFF Dr.</td><td>Orlando, FL, 32837</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Owner	Cain Smith	2723 WoodRUFF Dr.	Orlando, FL, 32837																				
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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: <u>Cain Smith</u> <u>12/28/02</u> <u>407-701-0229</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															

CR2E081 (8/01)

12/28/02

To Whom it may concern:

Please accept my corporation reinstatement form. Do to an address change from (6082 westgate Dr. #102 Orlando, Fl. 32835) to the present address of (2723 Woodruff Dr. Orlando, Fl. 32837) I the owner of the company did not receive the proper forms. This is my first year in business and I was not aware of these forms or documents. In the future I will be aware of these problems. So please accept my check that is enclosed and the application.

Thank You,
Cair Smith
CAIR Smith
(Owner)

XTREME Dent Company
2723 Wood Ruff Dr.
Orlando, FL 32837
#1-888-511-4245