

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 27 PM 12:35

DOCUMENT # FD1000083202

1. Corporation Name

Xtreme Graphics, Inc.

2. Principal Office Address

8377 Royal Palm Blvd.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

P.O. Box 771973

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33077

Country

USA

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

8-22-01

5. FEI Number

65-1133142

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

Kelli Pennock

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

8377 Royal Palm Blvd

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code
33065

8. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5-14-03

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.	Kelli Pennock	8377 Royal Palm Blvd.	Coral Springs, FL 33065
V.-Pres	Christopher Pennock	8377 Royal Palm Blvd.	Coral Springs, FL 33065

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

5/14/03
Date

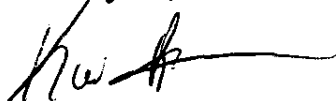
954-418-1267
Daytime Phone #

CR2E081 (10/02)

To Whom It May Concern,

My name is Kelli Pennock. I am president and owner of Xtreme Graphics, Inc. On August 22, 2001 I went to Barry A. Eisenson, P.A. at 4953 Coconut Creek Parkway, Coconut Creek, FL to get my company started. At that time I did not have an address. When Mr. Eisenson filled out the paperwork he used is office as my care of person. After that I received a P.O. Box and an office. When it came time to send the annual report it was sent to Mr. Eisenson's office. I was not notified that any forms came to his office for my business. It was not until one of my customers contacted me to let me know that my company had been dissolved due to not filing an annual report. I am now sending a reinstatement form back to you along with this letter explaining why it is late. I am a first time business owner and now finding out some of the things I have to do. I am sorry for any inconvenience this may have caused.

Thank you,



Kelli A. Pennock, President
Xtreme Graphics, Inc.
P.O. Box 771973
Coral Springs, FL 33077