

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 13 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084834

1. Corporation Name

X-TREME PERFORMANCE AUTO SOUNDS SECURITY & ACCESSORIES, INC.

Principal Place of Business

4951 N W 170TH STREET  
MIAMI FL 33055

Mailing Address

4951 N W 170TH STREET  
MIAMI FL 33055



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2001

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MANSUR, JAMES	4951 N W 170TH STREET	MIAMI FL 33055

100009166751  
11/22/02--01035--005 \*\*150.00

8. Name and Address of Current Registered Agent

MANSUR, JAMES  
4951 N W 170TH STREET  
MIAMI FL 33055

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 11/1/03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/03

Date

7862550388  
Daytime Phone #

CR2E040 (8/02)

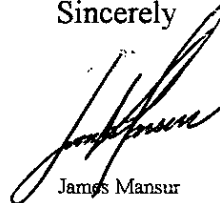
James Mansur  
X-treme Performance  
Auto, sound, security & accessories  
4951 NW170st  
Miami, Fl 33055

Division of Corporations  
PO BOX 6327  
Tallahassee Fl 32314-6327

To Whom it May Concern:

This letter is to inform that X-treme Performance has recently receive a letter informing of the dissolution or revocation. I, James Mansur, president of X-treme Performance would like to indication that the company is not disolving and it is still active. The letter of dissolution is the first notice it was given to the company. No, Previous notice has been recieved informing the company about the renew of the company name. I am sending this letter with the form that was sent to the company. attach with the 150 dollar fee to keep the name active. If any problem, please contact me at 786 255 0388, or with to me at 4951 NW 170st

Sincerely



James Mansur