

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

06 JAN 17 AM 8:40

DOCUMENT # P02000003810

1. Corporation Name

XTREME SIGNS, INC.

2. Principal Office Address

285-C HIGHWAY 98 EAST

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

Zip

32541

Country

U.S.A.

3. Mailing Office Address

285-C HIGHWAY 98 EAST

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

Zip

32541

Country

U.S.A.

REINSTATEMENT

03-06

CR2E081 (8/05)

405000053265

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

01/11/2002

5. FEI Number

47-0852267

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

JOHN R. DOWD, JR.

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

285 HIGHWAY 98 EAST

Suite, Apt. #, Etc.

SUITE A

City

DESTIN

State

FL

Zip Code

32541

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

Date

9.9.2005

REGISTERED AGENT MUST SIGN

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
S	MICHAEL CLANCY	285-C HIGHWAY 98 E.	DESTIN/FL/32541

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

9-12-05

Daytime Phone #

917-442-3450

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