

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 PM 2:41

DOCUMENT # P02000081564

1. Corporation Name

EXTREME FINISH, INC.

REINSTATEMENT

0326

CR2E081 (12/05)

2. Principal Office Address  
172 Glendale Drive

Suite, Apt. #, etc.

City & State  
Miami Springs, FL

Zip  
33166

Country  
USA

3. Mailing Office Address  
172 Glendale Drive

Suite, Apt. #, etc.

City & State  
Miami Springs, FL

Zip  
33166

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida July 22, 2002

5. FFL Number  
22-3859073

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  
Hilda Carrero

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

Suite, Apt. #, Etc.

City  
Miami Springs,

State  
FL

Zip Code  
33166

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

REGISTERED AGENT MUST SIGN

Date 9.25.06

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
P	Luis Antero Carrero	172 Glendale Drive	Miami Springs, FL 33166
V	Hilda Carrero	172 Glendale Drive	Miami Springs, FL 33166

100080305851  
09/29/06--01051--017 \*\*600.00

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 contained in Chapter 119, 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

Daytime Phone #

9.25.06 786.234.4085

20/2

*Extreme Finish, Inc.*

September 25, 2006

Florida Department of State  
Divisions of Corporation

RE: EXTREME FINISH, Inc.  
P02000081564

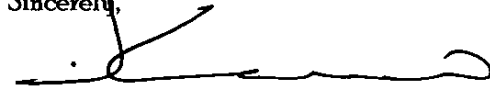
To Whom It May Concern:

I am requesting a waiver on our reinstatement fee. We had moved and never forward our address; therefore we did not receive any notifications by mail. Please accept the remittance for the annual reports and corporate supplemental fees for 2003, 2004, 2005, 2006 for a total of \$600.00.

Thank you,

If you have any questions, please contact me at 786-234-4085.

Sincerely,

A handwritten signature in black ink, appearing to be 'Hilda Carrero', with a long horizontal stroke extending to the right.

Hilda Carrero  
Vice President