

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082665

1. Corporation Name

XTREME SHOPPING, INC.

Principal Place of Business

Mailing Address

655-1 W FULTON ST  
SANFORD FL 32771

655-1 W FULTON ST  
SANFORD FL 32771

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

2. New Principal Office Address, If Applicable

61 ALAFAYA WOODS BLVD.

Suite, Apt. #, etc.

# 353

City & State  
QUIEDO FL

Zip  
32765

Country  
USA

3. New Mailing Office Address, If Applicable

61 ALAFAYA WOODS BLVD.

Suite, Apt. #, etc.

# 353

City & State  
QUIEDO FL

Zip  
32765

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NARAN, KIRIT	655-1 W FULTON ST- 61 ALAFAYA WOODS BLVD. # 353	SANFORD FL 32771 QUIEDO, FL

8. Name and Address of Current Registered Agent

NARAN, KIRIT  
655-1 W FULTON ST  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

RODGER D. MOSS, JR.

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

201 NORTH MAGNOLIA AVENUE

Suite, Apt. #, Etc.

SUITE 300

City

ORLANDO

State

FL

Zip Code

32765

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]*  
REGISTERED AGENT MUST SIGN

Date

11/10/2003

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/2003

Daytime Phone #

CR2E040 (7/03)

**ROMAGUERA, BAKER, DAWSON  
BRINGARDNER & DIAS**  
P.A.  
**ATTORNEYS AT LAW**

SUITE 300  
201 NORTH MAGNOLIA AVENUE  
ORLANDO, FLORIDA 32801  
TELEPHONE (407) 418-1180  
FACSIMILE (407) 418-1181  
INFO@RBDLEGAL.COM  
WWW.RBDLEGAL.COM

**PALM BEACH GARDENS OFFICE**  
SUITE 1015  
3910 RCA BOULEVARD  
PALM BEACH GARDENS, FLORIDA 33410  
TELEPHONE (561) 472-1077  
FACSIMILE (561) 472-1078

Please reply to: Orlando office

November 10, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Via Certified Return Receipt Mail

Re: Xtreme Shopping, Inc. (the "Corporation")  
Document #P01000045163

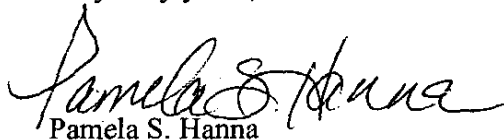
Dear Sir or Madam:

Please be advised that this firm represents the above-referenced corporation. The Corporation was administratively dissolved on September 19, 2003 for failure to file an annual report. I contacted your office and informed them that I had sent the Annual Report with payment, and have a certified mail receipt indicating the Annual Report was received by the Department of State on August 29, 2003.

I have enclosed the completed Application for Reinstatement and request that the reinstatement fee be waived, as we did not received the September 3, 2003 letter indicating the rejection of our annual report for failure to include the tax identification number. I have been informed by your office that you still have our check in the amount of \$550.00 for the annual report filing fee.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Pamela S. Hanna

PSH:  
Enclosures