

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000114761

**1. Corporation Name**

**XTREME SPORTS CENTER, INC.**

**2. Principal Office Address**

918 S. Washington Avenue

Suite, Apt. #, etc.

**City & State**

Titusville, FL

**Zip**

32780

**Country**

U.S.A.

**3. Mailing Office Address**

918 S. Washington Avenue

Suite, Apt. #, etc.

**City & State**

Titusville, FL

**Zip**

32780

**Country**

U.S.A.

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

10/24/2002

**5. FEI Number**

73-1661557

**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**

Ernest Restina

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

918 S. Washington Avenue

Suite, Apt. #, Etc.

**City**

Titusville

**State**

FL

**Zip Code**

32780

**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**

*Ernest Restina*

**Date** 11/19/03

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/C	John K. Lyerly	1763 Robinhood Avenue	Titusville, FL 32796
V/D	Thaddeus T. Cranston	2021 Malinda Lane	Titusville, FL 32796
S/T/D	Ernest Restina	92 Fairglens Drive	Titusville, FL 32796

**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:**

*Ernest Restina*

Ernest Restina

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

11/19/03

**Date**

(321)264-6111

**Daytime Phone #**

CR2001 (10/02)

**XTREME SPORTS CENTER, INC.**

918 S. Washington Avenue  
Titusville, FL 32780  
(321) 264-6111  
FAX: (321) 264-8900

November 19, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

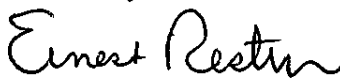
To whom it may concern:

Enclosed please find the following for XTREME SPORTS CENTER, INC.:

- Application for Corporation Reinstatement
- Check for \$150.00

We never received the first or second mailing of the Uniform Business Report, therefore we respectfully request that you waive the \$600.00 Reinstatement fee. Thank you for your cooperation in this matter.

Sincerely,



Ernest Restina  
Director