2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 APR 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04132005 REIN-P CR2E096 (6/04) MRS

DOCUMENT # P03000100345

1. Entity Name
XTREEME PAINTING AND REMODELING, INC.

Principal Place of Business	Mailing Address
1351 NE MIAMI GARDENS DR APT 805E NORTH MIAMI BEACH, FL 33179	1351 NE MIAMI GARDENS DR APT 805E NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business	3. Mailing Address
7928 WEST DRIVE	7928 WEST DRIVE
Suite, Apt. #, etc APT # 411	Suite, Apt. #, etc APT # 411
City & State NORTH BAY VILLAGE FL	City & State NORTH BAY VILLAGE FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FADLON, AVI 1351 NE MIAMI GARDENS DR APT 805E NORTH MIAMI BEACH, FL 33179	Name Street Address (P.O. Box Number Is Not Acceptable) 7928 WEST DRIVE APT #411 City NORTH BAY VILLAGE FL Zip Code 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

REINSTATEMENT 04-05

SIGNATURE _____
Signature, agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FADLON, AVI 1351 NE MIAMI GARDENS DR APT 805E NORTH MIAMI BEACH, FL 33179	[ ] Delete	PD FADLON, AVI 7928 WEST DRIVE APT # 411 NORTH BAY VILLAGE FL 33141	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #