

1050.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 23 AM 11:21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130290

1. Corporation Name

Extreme Wholesale Auto Inc.

2. Principal Office Address

12 S DeLeon Ave

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Zip

32796

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 111103

5. FEI Number
52-2420511

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
Christopher D Strozier

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

12 S DeLeon Ave

SUITE A

Suite, Apt. #, Etc.

City

Titusville,

State
FL

Zip Code
32796

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

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
P	Christopher D Strozier	12 S DeLeon Ave SUITE A	Titusville, FL 32796
			600069637426 04/06/06--01043--017 **\$50.00
			600069637426 04/06/06--01043--018 **\$500.00
			600069637426 04/06/06--01043--019 **\$500.00

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:

Christopher D Strozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06
Date

321-863-2197
Daytime Phone #