

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 28 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000059476**

1. Corporation Name

**XTREME RODS, INC.**

2. Principal Office Address

3216 Lantana Rd

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462

Country

USA

3. Mailing Office Address

3216 Lantana Rd

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-8-04

5. FEI Number

20-123292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

18.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARK KING

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

5353 N. Federal Highway

Suite, Apt. #, Etc.

SUITE 207

City

FT Lauderdale FL

State

FL

Zip Code

33308

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 12/13/06

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	Andy ALVAREZ	240 Gregory Rd	West Palm Beach, FL 33405
VP	KENNETH Lindstrom	1042 SW 43 AVE	Bogalusa, LA 39326

800092816618  
12/28/06--01020--008 \*\*300.00

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

12/13/06

Daytime Phone #

914 818 7295

K. Eckel DEC 29 2006

**XTREME RODS, INC.**  
3216 Lantana Road  
Lantana, FL 33462  
Tele: (561) 296-7637 Fax: (561) 296-7638

2/2

December 15, 2006

Division of Corporations  
Reinstatement section

Re: Xtreme Rods, Inc.      Doc # P04000059476

To whom it may concern

I never received any kind of letter or notice from you telling me I had to renew my corporation each year by filing some kind of annual report.

Enclosed is my company check for \$ 300.00 for 2005 and 2006. Please reinstate my company and waive any late penalties.

Yours truly,

  
Andy Alvarez  
President