

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000066732

1. Corporation Name

Xtreme Worldwide Vacations, Inc

2. Principal Office Address - No P.O. Box #

3288 SW 7 ST

3. Mailing Office Address

3288 SW 7 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

FL, Miami

Zip

33135

Country

USA

Zip

Country

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/04

5. FEI Number

55-0864702

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

Victor J Abad

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

3288 SW 7 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

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.	Victor Abad	3288 SW 7 ST	Mia FL 33135
S.	Louis Thompson	3288 SW 7 ST	Mia FL 33135

400110746444
10/12/07--01071--007 **450.00

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

Daytime Phone #

To: STATE Of Florida

sk

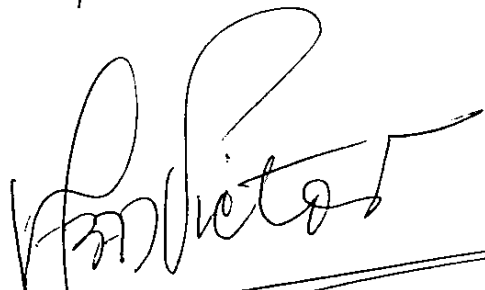
Department Of CORPORATIONS
Ref Late payment

To whom may Concern

I, Victor Abad, as president of
xtreme World wide. Vacations, INC.

by means of this letter Certify that I owe
the Annual report for this Company for
2005, 2006 and 2007

I would like to state that this happened
because I never received the Notificacion
papers from the state of florida, and
because my bookkeeper did not advise
me of that debt.



Victor Abad
President.