

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 SEP 21 PM 4:11

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FLORIDA DEPARTMENT OF STATE
SEP 21 2004

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000159467

1. Corporation Name

EXTREME RAGE PARK SOUTHEAST, INC.

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

6401 SHERIDIAN STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6401 SHERIDIAN STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD

Zip

33024

Country

MIAMI-DADE

Zip

33024

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

11-29-2004

5. FEI Number
02-0743136

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

ALBERTO CARBAJAL

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

6401 SHERIDIAN STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

☒ 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	ALBERO CARBAJAL	6401 SHERIDAN STREET	HOLLYWOOD, FL 33024
VP	TODD ADAMSON	6401 SHERIDIAN STREET	HOLLYWOOD, FL 33024
STD	JOSE ANTONIO CARBAJAL	6401 SHERIDIAN STREET	HOLLYWOOD, FL 33024

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/21/04