

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053538

1. Entity Name
XTREME CONTRACTORS TEAM, INC



FILED

2007 JUN -5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
3628 WASHINGTON AVE
FORT MYERS, FL 33916

Mailing Address
3628 WASHINGTON AVE
FORT MYERS, FL 33916

2. Principal Place of Business - No P.O. Box #
12541 METRO PARKWAY
Suite, Apt. #, etc. Suite x07

3. Mailing Address
SAME
Suite, Apt. #, etc.

06042007 REIN-P CR2E098 (1/07)

City & State
Fort Myers
FL

City & State
City
Zip 33912
Country USA

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATUTE, JULIO C
3628 WASHINGTON AVE
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name JOSE M. DIAZ
Street Address (P.O. Box Number is Not Acceptable)
2610 50th St. West
City LEHIGH ACRES FL Zip Code 33971

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.

SIGNATURE *[Signature]*
Signature, typed 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

TITLE P
NAME MATUTE, JULIO C
STREET ADDRESS 2634 NW 1ST AVE
CITY-ST-ZIP FORT MYERS, FL 33993 ☒ Delete

TITLE VP
NAME DIAZ, JOSE M
STREET ADDRESS 2399 BEAR CREEK #101
CITY-ST-ZIP NAPLES, FL 34109 ☒ Delete *V.P.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VICENTE CENDAN
STREET ADDRESS 26871 SILVERADO
CITY-ST-ZIP EAST DRIVE ☐ Change ☒ Addition *PRES*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition *06/15/07 - 01030 - 006 \$300.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition *06-07*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition *500104425695*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition *06/15/07 - 01030 - 006 \$300.00*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #