2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100216

1. Entity Name
EXTREME R C ENTERTAINMENT CENTERS, INC.

FILED
09 APR 23 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/23/09-01029--017 **300.00
100152105851

04172009 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
7655 STARKEY ROAD SEMINOLE, FL 33772 US	7655 STARKEY ROAD SEMINOLE, FL 33772 US

2. Principal Place of Business - No P.O. Box #: 800 43rd STREET S.
Suite, Apt. #, etc.:
City & State: ST. PETERSBURG, FL
Zip: 33711 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 20-3164630 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

KADAU, CURTIS K
7655 STARKEY ROAD
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name: CURTIS K. KADAU
Street Address (P.O. Box Number is Not Acceptable): 4039 48th AVE S.
City: ST. PETERSBURG FL Zip Code: 33711

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: _____ DATE: 4/20/2009
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	V. P. ☒ Change ☐ Addition
NAME	KADAU, CURTIS K	NAME	CURTIS K. KADAU
STREET ADDRESS	7655 STARKEY ROAD	STREET ADDRESS	4039 48th AVE. S
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	☐ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		NAME	PAULA N. KADAU
STREET ADDRESS		STREET ADDRESS	4039 48th AVE. S.
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

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: _____ 4/20/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #