


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000108948		
1. Entity Name EXTREME RAYS, INC.		

FILED  
07 APR -2 AM 10: 01  
TALLAHASSEE, FLORIDA

Principal Place of Business 2517 STATE RD 60 VALRICO, FL 33594	Mailing Address <del>520 LINDSEY ANNE CT</del> PLANT CITY, FL <del>33563</del> 33565
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2432 Brock Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent HINSON, DELONDA D <del>520 LINDSEY ANNE CT</del> <del>PLANT CITY, FL 33563</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2432 Brock Rd City Plant City FL Zip Code 33565	
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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: Deloncle D Hinson DATE: March 28-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSON, DELONDA D <del>520 LINDSEY ANNE CT</del> PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2432 Brock Rd Plant City FL 33565 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900096367979 04/10/07--01044--013 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deloncle D. Hinson DATE: March 28-07 DAYTIME PHONE: 813-763-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR