

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000150104

1. Entity Name  
EXTREME MARINE, INC.



Principal Place of Business  
14100 BISCAYNE BLVD. BAY#8  
NORTH MIAMI, FL 33181

Mailing Address  
14100 BISCAYNE BLVD. BAY#8  
NORTH MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
APPLIED FOR

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, LARRY  
14100 BISCAYNE BLVD. BAY#8  
NORTH MIAMI, FL 33181

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$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/D ☐ Delete  
NAME GOLDMAN, LARRY  
STREET ADDRESS 14100 BISCAYNE BLVD. BAY#8  
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE ☐ Change ☐ Addition  
NAME 800110175328  
STREET ADDRESS 10/02/07--01022--018 \*\*158.75  
CITY-ST-ZIP

TITLE VP/T ☐ Delete  
NAME GOLDMAN, JODI  
STREET ADDRESS 14100 BISCAYNE BLVD. BAY#8  
CITY-ST-ZIP NORTH MIAMI, FL 33181

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/4 aw