

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PM 3:25

DOCUMENT # P05000150104

1. Corporation Name

Extreme Marine, Inc.

100167915001
02/03/10--01033--020 **900.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
12050 NE 14th Avenue

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number
33-1202666

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

Larry Goldman

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

12050 NW 14th Avenue

Suite, Apt. #, Etc

City

North Miami

State

FL

Zip Code

33161

☒ 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]
REGISTERED AGENT MUST SIGN

Date 02/01/2010

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/D	Larry Goldman	12050 NE 14th Avenue	North Miami, Florida 33161
V/T	Jodi Goldman	12050 NE 14th Avenue	North Miami, Florida 33161

REINSTATEMENT *UX-1P*
B 2/5/10

10. E-mail Address: lgxtremefl@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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]

Larry Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2010 954-610-2260

Date

Daytime Phone #