2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										ing.		
DOCUMENT # P06000027660										•		
1. Entity Nam EXTREMI		NG SOO DO	INC.				2008 JAN -3 PM 2:50					
Principal Place	e of Business		Mailing Address					SECRETA TALLAHA	RY OF	STATE		
5275 SUNSET CANYON DR.			5275 SUNSET CANYON DR.					TALLAHA	SSEE, F	LORIUA		
KISSIMMEE, FL 34758			KISSIMMEE, FL 34758									
Principal Place of Business - No P.O. Box #			3. Mailing Address 133 P. Street			7						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			112	282007	REIN-P	CR2	E098 (1/07)		
City & State			Richmond Hill N.			1 4	FEI Number	70148	2	<u> </u>	oplied For of Applicable	
Zip	Cou	untry	Zip 11119	Coun	try	j 5. (Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Curren			Registered Agent			7. Name and Address of New Registered Agent						
Name												
KHAN, SHAZAD 5275 SUNSET CANYON DR.						Street Address (P.O. Box Number is Not Acceptable)						
KISSIIVINE	KISSIMMEE, FL 34758											
					City	•			FI	L Zip Code	e	
			or the purpose of changing it	s registere	ed office or re	egistered ag	ent, or bo	th, in the State of F	lorida. I an	n familiar with,	and accept	
the obligations of registered agont												
SIGNATURE 12/3/107												
Signature, typed or ferfied name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	NOW!!! FEE IS nuary 1, 2008, Fo	i \$750.00 se will be \$900.	DO									
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
TITLE			☐ Delete		Preside	ent	CHANGES TO OF		☐ Change	Addition		
NAME STREET ADDRESS	3		NAN STRI		E. ET ADDRESS	Shu 26	4	ZRI STO	ut			
CITY-ST-ZIP					-ST-ZIP	Rich	کے مرہ بر	Hill	v.y	11419		
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STREET ADDRESS CITY-ST-ZIP				ľ	ET ADDRESS -ST-ZIP							
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NAME OVERST - DEGGES				NAMI								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME AVECT ADDRESS				NAMI								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
	L certify that the infor	mation supplied wit	h this filing does not qualify f			ntained in Ch	hapter 119	, Florida Statutes.	I further ce	 ertify that the in	 nformation	
l indicatéd	on this report or su	poolemental report	is true and accurate and that powered to execute this repor with all other like empowered	my signal	ture shall hav	ve the same I	legal effec	t as if made unde	r oath: that	Lam an officer	or director	
changed,	or on an attachme	ent with arradoress,	with all other like empowered	~					1		•	
SIGNATURE: Shazad Khan 12/31/07/718 441-5009												
	Sig	NATURE AND TEPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR			Date		Daylime Phone #		

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