## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF Secretary of State Division of corporations	40	HAR 23 PH 2: 56	
DOCUMENT # P08000094123 1. Corporation Name		÷. Āī	COMPANY OF CAME	
Xtreme Jujitsu, Inc.			REINSTATE: 127 09-10 03/23/1001014007 **150.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address			
1393 W. Broadway	5). 1393 W. Broady	Jay St. 13/22	10172881172 /100 <b>991©</b> &1 <b>00</b> 709)**150.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/23	10 01014 00017 44150:00	
			porated or Qualified ness in Florida 10/17/2008	
City & State	City & State	To Do Busi	ness in Florida /0////0003	
Ovieds, FL	Duieds, FL	5. FEI Numbe		
Zip Country	Zip Country	80-	0293116 Not Applicable	
Zip Country 32.765 U.S.	32765 U.S	. CERTIFICATE	SOF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address	of Current Registered Agent			
Mana		rta The re	instatement for is imposed, except in	
Eduardo Torres		•	The reinstatement fee is imposed, except in circumstances which the entity did not receive	
Street Address (P.O. Box Number is Not Acceptable)			the prior notices. By checking this box, you	
1021 Bartlett Ct.			are certifying the prior notices were not	
Suite, Apt. #, Etc.			received and requesting the reinstatement fee be waived.	
City Oviedo State Zip Code FL 32765		Code	iee pe walveu.	
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  REGISTERED AGENT MUST SIGN  Date 3/8/10				
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 Director		Iress of Each d/or Director	City / State / Zip	
P Eduardo Torres 1021 Bartlett Ct Ovicebre 3276				
			·	
			<b>]</b>	
10. E-mail Address: Senseieddie @ yahoo. Com				
(To be used for future annual report notification)  11   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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Daytime Phone #				

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