

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC -9 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P11000105922

1. Corporation Name

EXTREME FLOODS and MORE INC.

2. Principal Office Address - No P.O. Box #

7001 PARKWOOD ST

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

Zip

Country

33876

USA

3. Mailing Office Address

7001 PARKWOOD ST

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

Zip

Country

33876

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2011

5. FEI Number

364716111

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

Timothy Wayne Leslie

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

7001 PARKWOOD ST

Suite, Apt. #, Etc

SEBRING

City

State

FL

Zip Code

33876

REINSTATEMENT

2013

700254541697  
12/09/13--01001--015 \*\*750.00

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

Timothy Wayne Leslie  
REGISTERED AGENT MUST SIGN  
Dec. 6, 2013

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
Sole owner - NO OFFICERS or trustees None	Timothy W. Leslie	7001 Parkwood ST	SEBRING FLORIDA 33876
		DEC 10 2013	
		L. SELLERS	

10. E-mail Address: tleslie1955@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Timothy Wayne Leslie

Dec. 6, 2013

8676559999