

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 2:29

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000075745**

1. Corporation Name

New Extreme, Inc

2. Principal Office Address

Ed Streit

Suite, Apt. #, etc.

21505 Lanyholm Run

City & State

Esteros FL

Zip

33928

Country

USA

3. Mailing Office Address

PO Box 2507

Suite, Apt. #, etc.

City & State

Bonita Springs

Zip

FL

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/1995

5. FEI Number

65-0610521

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

Edward J Streit

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

21505 Lanyholm Run

Suite, Apt. #, Etc.

City

Esteros

State

FL

Zip Code

33928

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

X *Edward J Streit*

Date **4/20/05**

REGISTERED AGENT MUST SIGN

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	Ed Streit	21505 Lanyholm Run	Esteros, FL, 33928

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: **X**

Edward J Streit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

239 9924232

Daytime Phone #