

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



97-99 AR  
FLORIDA DEPARTMENT OF STATE  
Authenticity Unit  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

29 JUN 29 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077486  
1. Corporation Name Extreme Planet, Inc.

Principal Place of Business Mailing Address  
11629 San Jose Blvd. 11629 San Jose Blvd.  
Suite 8 Suite 8  
JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>10/9/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3356136</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 97-99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	HENRY M. COX	3310 Old Jennings Rd	Middleburg, FL 32068
V/T/D	RONALD G. MENSFORTH, JR.	12062 St. Augustine Rd.	JACKSONVILLE, FL 32256

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\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name KATHY WOOD  
Street Address (P.O. Box Number is Not Acceptable) 11629 San Jose Blvd., Suite 8  
Suite, Apt. #, Etc. Suite 8  
City JACKSONVILLE State FL Zip Code 32223

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Kathy Wood  
REGISTERED AGENT MUST SIGN

Date 5/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/99  
Date

904-880-1577  
Daytime Phone #

CR2E081 (12/98)