

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

DOCUMENT # P95060083859

1. Corporation Name

XTREME JUICE INC.

2. Principal Office Address

1010 N. FOREST AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32803

3. Mailing Office Address

4630 S. KIRKMAN RD.

Suite, Apt. #, etc.

#188

City & State

ORLANDO, FL

Zip

Country

32811

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3345748

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

SCOTT CLAUSSEN

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

1010 N. FOREST AVE.

Suite, Apt. #, Etc.

City

ORLANDO, FL 32803

State
FL

Zip Code

800004625678--2

-10/08/01--01005--017

*****150.00 *****150.00

LS

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

Scott Clausen

REGISTERED AGENT MUST SIGN

Date 9/26/01

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
CEO	SCOTT CLAUSSEN	1010 N. FOREST AVE.	ORLANDO, FL 32803
			800004625678--2
			-10/08/01--01005--018
			*****8.75 *****8.75

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:

Scott Clausen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/01 407-443-0896

Date

Daytime Phone #

CR2E081 (9/00)

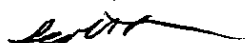
202

To: Department of State
From: Scott Claussen
Company: Xtreme Juice
Tax Id# 59-3345748

Dear Department of State,

Xtreme Juice due to an office move did no receive this years filing invoice. All of our mail we have forwarded to our new address but apparently this bill did not get forwarded. I spoke to an agent on 9/26/01 and she said just to pay \$150.00 because of the situation that occurred. Thank you very much.

Sincerely,


Scott Claussen