DI FACE DEAD	ALL INCTOLICATIONS	DEFORE COMPLE	TIMO TUIO FORM
APPLICATION FOR 08	FLORIDA DEPARTMENT Sandra B. Mor	NT OF STATE tham tate	TING THIS FORM.
DOCUMENT # P9700062037			99 FEB 22 PM 2: 3!
1. Corporation Name			
EXTREME CUSTOMS, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business Mailing Address		1 160/161	ii jid dhiii (Chin Bànn Bànn Bànn Bànn Bành Bành Bành Bhina ann ana abh
19001 BELOHER RD S #G 8 LARGO FL 34541	13001 BELCHER RD-9-#G-8 LARGO FL-34641-		
If above addresses are incorrect in any way, line through the principal Office Address, If Applicable 949.  Suite, Apt. #, etc.  City & State  LARGO, FL  Zip 33711 Country  7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors  DIGIULIO, CHRISTOPHER A II	3 New Mailing Office Address, III.  Suite, Apt. #, etc  City & State  Zip  3377)  Country  for Director (Florida nonprofit corpora  (Da NOT Use	Applicable  A Date Income To Do Bu  5. FEI Num  6. CERTIFIC  tions must list at least 3 directors)  tert Address of Each cer and/or Director  Post Office B a Numbers)  RD \$ #0-8  A LIMERTE N. Ad.	####300.00  07/16/1997  Applied For Not Applicable  \$8.75 Additional Fee required for a Certificate of Status  City / State / Zip  LARGO FL 24641  FINAL PROPERTY OF STATUS DESIRED  Applied For Not Applicable for a Certificate of Status  *****300.00  *****300.00
8. Name and Address of Current I	Registered Agent	9. Name an	d Address of New Registered Agent
DIGIULIO, CHRISTOPHER A II 13001 BELCHER RD S #C-8 LARGO FL 34641		Name Street Address (P.O. Box Numb Suite, Apt #, Etc. City	er is Not Acceptable) State Zip Code
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 Date of AGENT MUST SIGN  Date 12/28/98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No No No No No No 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 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: SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12/08/98 (727) 518-8342			

TO: FLORIDA DEPT. OF STATE

FROM: EXTREME CUSTOMS, INC

9491 ULERTON RD. LARGO, FL. 33771 (727) 518 - 8942

TO WHOM IT MAY CONCERN, Recently I received a notice of administrative dissolution or

Extreme Customs, Inc. never received a notice by mail to file a corporate annual report. If I had known to file a corporate annual I would have done so. After receiving this notice I called the Florida Dept. of State to find out what to do. I was instructed to send a letter stating why I didn't file and to include (2) two payments of \$ 150.00 for last year and this year. Request to wave the reinstatement Tel

PRESIDENT,

CHRISTOPHER A. DIGIULIO, II