

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000044963

1. Corporation Name

EXTREME PROGRAMMING, INC.

Principal Place of Business
474 NE 5TH CT
BOCA RATON FL 33432
US

Mailing Address
474 NE 5TH CT
BOCA RATON FL 33432
US

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 05/19/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0844446
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LIEBERMAN, AARON J	474 NE 5TH CT	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	
State Zip Code FL	

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. or 617.0505, F.S.

Signature of
Registered Agent

Aaron J. Lieberman
REGISTERED AGENT MUST SIGN

Date *Dec 12, 2002*

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., 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.

561-367-7434

SIGNATURE: *Aaron J. Lieberman*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *Dec 12, 2002*

Daytime Phone #



RECEIVED
SHERIFF OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

02 DEC 18 PM 3:52

CR2E040 (8/02)

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Extreme Programming, Inc
FEI: 65-0844446
474 Northeast Fifth Court
Boca Raton, FL 33432
(561) 367-7434

December 12, 2002

Dear Sirs,

I just received the notice of Administrative Dissolution or Revocation, Document #P98000044963. Our company has been working continuously since it's start and would like to be reinstated. The previous uniform business reports were not received at this address. There were many misdirected letters between our address and 474 NE Fifth Street but has since been resolved. Please resend any forms needed by your office and allow us to file the report at the \$150 fee as indicated in the document.

I am enclosing a check #1688 for \$158.75, which is for the \$150 filing fee and the \$8.75 additional fee for the Certificate of Status.

Your patience is appreciated.



Aaron Jay Lieberman
President, Extreme Programming, Inc.