

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1998

5. FEI Number

65-0844446

Applied For

Not Applicable

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)

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

700009529227  
12/16/02--01064--020 \*\*158.75

8. Name and Address of Current Registered Agent

LIEBERMAN, AARON J  
474 NORTHEAST FIFTH COURT  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Aaron Lieberman*  
SIGNATURE REQUIRED  
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 Lieberman*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 12, 2002

Daytime Phone #

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.

A handwritten signature in cursive script, reading "Aaron Lieberman". The signature is fluid and stylized, with a large initial "A" and a long, sweeping underline.

Aaron Jay Lieberman  
President, Extreme Programming, Inc.