

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 4:30

DOCUMENT # P99000024214

1. Corporation Name

EXTREME BICYCLES, INC.

Principal Place of Business

Mailing Address

713 NW 7TH AVE
DANIA FL 33004

713 NW 7TH AVE
DANIA FL 33004



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

2. New Principal Office Address, If Applicable

4150 Peters Road

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

26-5119826

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	SALVINO, MARCO A SR.	713 NW 7TH AVE	DANIA FL 33004
V	SALVINO, KIMBERLY D	713 NW 7TH AVE	DANIA FL 33004
ST P	SALVINO, MARCO A JR.	713 NW 7TH AVE 4150 Peters Road	DANIA FL 33004 Plantation FL 33317
			400004693684--1 11/25/01--01074--016 ****758.75 ****758.75 P/11/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTLER, MARK F
4720 HARRISON STREET
#6C-W
HOLLYWOOD FL 33020

Name Joseph L. Schneider

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

1720 Harrison Street

Suite, Apt. #, Etc.

1820

City

17011wood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date

10/30/01

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.

Marco A Salvino, Jr.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01 954 581-8800

CR20040 (8/01)