

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 31 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Xtremes International, Inc.

199 000055087

200005763572--2

-06/12/02--01069--008

****908.75 ****908.75

REINSTATEMENT 01-02

2. Principal Office Address

6635 W. Commercial Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Zip

33319

Country

45

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/99

5. FEI Number

650927599

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

Robert + Luisi

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

6635 W. Commercial Blvd.

Suite, Apt. #, Etc.

Suite 208

City

Tamarac

State

FL

Zip Code

33319

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

[Signature]

Date

5/22/02

REGISTERED AGENT MUST SIGN

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
P/O/P 1/5/02	Robert + Luisi	6635 W. Commercial Blvd. Suite 208	Tamarac, FL 33319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02 (954) 726-9292

Date

Daytime Phone #

CR2E081 (9/01)