

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <i>Xtremes International, Inc.</i> <i>PGG 0000055087</i>			
2. Principal Office Address <i>6635 W. Commercial Blvd</i> <i>Suite 208</i>		3. Mailing Office Address Suite, Apt. #, etc. <i>Suite 208</i>	
City & State <i>Tamarac, FL</i>		City & State <i>Zip 33319 Country 45</i>	
7. Name and Address of Current Registered Agent Name <i>Robert Luisi</i> Street Address (P.O. Box Number is Not Acceptable) <i>6635 W. Commercial Blvd.</i> Suite, Apt. #, Etc. <i>Suite 208</i> City <i>Tamarac</i>			
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 <i>RL</i> REGISTERED AGENT MUST SIGN Date <i>5/22/02</i>			
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
<i>P/VP/ 1/5/02</i>	<i>Robert Luisi</i>	<i>6635 W. Commercial Blvd. Suite 208</i>	<i>Tamarac, FL 33319</i>
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.			
<b>SIGNATURE:</b> <i>RL</i>		5/22/02 (954) 726-9292 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #	

CR2ED81 (9/01)