

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 24 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095085

1. Corporation Name

EXTREME SPORTS PRODUCTION, INC.

800115996388
01/24/08--01029--022 **1500.00

REINSTATEMENT 03-08

2. Principal Office Address - No P.O. Box #

7189 Brickyard Cir.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

US

3. Mailing Office Address

7189 Brickyard Cir.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33467

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

65-0958871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Kevin V. Abbate

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

7189 Brickyard Circle

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Kevin V. Abbate

Date 1/23/08

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	Kevin V. Abbate	7189 Brickyard Cir.	Lake Worth, FL 33467

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 contained in Chapter 119, 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:

Kevin V. Abbate

Kevin V. Abbate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Date

Daytime Phone #

xc 1/20