

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR -9 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P95000036663

1. Corporation Name

X.F.T.K., Inc.

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

1500 San Remo Ave.

3. Mailing Office Address

1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125

Suite, Apt. #, etc.

Suite 125

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

US

Zip

33146

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

May 5, 1995

5. FEI Number

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

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables, FL

State

FL

Zip Code

33146

700224315587
03/09/12--01014--021 **2700.00

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

Robert A. Stamen, V.P.

Atrium Registered Agents, Inc.

By: Robert A. Stamen, V.P.

Date 3/8/12

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/D	Fleta Stamen	1500 San Remo Ave.#125	Coral Gables, FL 33146
D	Thomas Netter	1500 San Remo Ave.#125	Coral Gables, FL 33146
D	Kathleen Reyes	1500 San Remo Ave.#125	Coral Gables, FL 33146
<p>REINSTATEMENT MAR 9 2012</p> <p>99-12 R. HUNT</p>			

10. E-mail Address:

oyle@P.N.R.LAW.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

President

3/8/12

(35) 348-0586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #