

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

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DOCUMENT # V45891

1. Corporation Name  
 EXGLOBE, INC.

Principal Place of Business P. O. BOX 1552 PORT SALERNO FL 34982-1552 US	Mailing Address P.O. BOX 1552 PORT SALERNO FL 34982-1552 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0341360	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>REINSTATEMENT 99</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BORDAS, PAUL	6172 RIVERBOAT DR.	STUART FL

8. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
BASS, DONALD L. 7166 SE OSPREY ST. HOBE SOUND FL 33455		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State <b>FL</b>	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.  
 Signature of Registered Agent: Donald L. Bass **REQUIRED** Date: Nov 15, 1999  
 REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Paul B. Bordas **REQUIRED** Date: 11/15/1999 AD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #: 561-296 9439