


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <del>REINSTATEMENT</del> 2002 UBR				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000009707					
1. Corporation Name XIXON CORPORATION 23					
2. Principal Office Address 2855 CORAL WAY Suite, Apt. #, etc.			3. Mailing Office Address Same Suite, Apt. #, etc.		
City & State MIAM FL			City & State		
Zip 33145	Country U.S.A	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 3-20-01	
5. FEI Number 65-1087578				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

02 MAY -3 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name BEGONA TUYA		
Street Address (P.O. Box Number is Not Acceptable) 6538 NW 170th LN		
Suite, Apt. #, Etc.		
City MIAMI LAKES	State FL	Zip Code 33015

000005538300-4  
-05/15/02-01058-016  
\*\*\*\*150.00 \*\*\*\*150.00

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

*Begona Tuya*

REGISTERED AGENT MUST SIGN

Date

4/30/02

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
PRESIDENT	BEGONA TUYA	6538 NW 170th LN	MIAMI LAKES FL 33015

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:

*Begona Tuya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

BEGONA TUYA

CR2E081 (9/01)