

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 12 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 424061

1. Corporation Name

XL CORPORATE SERVICES, INC.

Principal Place of Business

Mailing Address

4435 Old Winter Garden Road
Orlando, FL 32802

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4435 Old Winter Garden Rd.

3. New Mailing Office Address, If Applicable
Same As Principal Office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32802

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/73

5. FEI Number

13-2758483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P/D | Robert H. Blumberg | 62 White St. | New York, NY 10013 |
| S/D | Nancy Freedman | 62 White St. | New York, NY 10013 |
| AS | Arthur McGuire | 62 White St. | New York, NY 10013 |
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| | | | |

REINSTATEMENT

0808092456728-8
-03/13/98 --01072 --001
*****300.00 *****900.00

8. Name and Address of Current Registered Agent

MIDSTATE LEGAL SUPPLY CORP.
4435 Old Winter Garden Rd.
Orlando, FL 32802

9. Name and Address of New Registered Agent

Name **BlumbergExcelsior Corporate Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
4435 Old Winter Garden Road
Suite, Apt. #, Etc.
City **Orlando** State **FL** Zip Code **32802**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Arthur McGuire

REGISTERED AGENT MUST SIGN

Asst Secretary

Date **3/11/98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur McGuire, Assistant Secretary

3/11/98

212-431-5000

Date

Daytime Phone #

CR2E040 (12/96)