

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 693564

1. Entity Name
XEBEC, INCORPORATED



FILED

06 MAR -6 PM 12:43

ALLA STATE
ALLA STATE, FLORIDA

Principal Place of Business
**150 AMERICAN LEGION DRIVE
NORTH ADAMS, MA 01247**

Mailing Address
**150 AMERICAN LEGION DRIVE
NORTH ADAMS, MA 01247**

2. Principal Place of Business
93 Cleveland Ave.

3. Mailing Address
93 Cleveland Ave.

City & State
North Adams, Ma.

City & State
North Adams, Ma.

Zip
01247

Country
Berkshire

Zip
01247

Country
Berkshire

6. Name and Address of Current Registered Agent
**CREWS, MICHAEL W.
130 E. CENTRAL AVE.
LAKE WALES, FL 33859-1079**



4. FEI Number
59-2107166

5. Certificate of Status Desired
X

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

7. Name and Address of New Registered Agent
**Cheryl Duprat
221 East Hill St. - Apt. 21
Inverness FL 33452**

SIGNATURE **Cheryl Duprat** **Cheryl Duprat** **03-02-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEATON, MARIE CLOUGH ROAD STAMFORD, VT 05352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700067883537 03/15/06--01009--033 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEATON, MARIE CLOUGH ROAD STAMFORD, VT 05352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700067883537 03/15/06--01009--034 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marie Wheaton** **Marie Wheaton** **03-02-2006** **413-663-1282**

Signature and typed or printed name of signing officer or director Date Daytime Phone