PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OR. م REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

F00000002112 DOCUMENT

1. Corporation Name

XYBASE, INC.

Principal	Place	of Ru	einace

6400 CONGRESS AVENUE

SUITE 2750 BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVENUE

SUITE 2750

BOCA RATON FL 33487

If abo	ve addres:	ses are ir	ncorrect in	any way,	line through	incorrect	information	and enter	correction	below.

	ss are incorrect in any may, inte			
New Principal (Office Address, If Applicable	New Mailing Office Address, If Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

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REINSTATEMENT_03



400023908684

4. Date Incorporated or Qualified To Do Business in Florida	04/17/2	2 - 11 - 2
5. FEI Number		Applied For
65-0999581		Not Applicable
6		

CERTIFICATE OF STATUS DESIRED

7. Names	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations must list at least 3 director	s)
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVST	MOSS, RAYMOND H	6400 CONGRESS AVENUE SUITE 2750	BOCA RATON FL 33487
DP	SHAARI, SUHAIMEE ABU H	6400 CONGRESS AVENUE SUITE 2750	BOCA RATON FL 33487
DV	SHAARI, MOHD JAMIL ABU HASSAN	6400 CONGRESS AVENUE SUITE 2750	BOCA RATON FL 33487
DV	SAID, MOHAMED IZMI MD	6400 CONGRESS AVENUE SUITE 2750	BOCA RATON FL 33487
AS	RISTAINO, DAVID C	6400 CONGRESS AVENUE SUITE 2750	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent	9. Name and Address of New negistered	1 Agent	
	Name		
AMERICAN INFORMATION SERVICES, INC. 350 E LAS OLAS BYLD	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1600 FT LAUDERDALE FL 33301	Suite, Apt. #, Étc.		
T PAODENDALE PE 30001	City Stat	e Zip Code	

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. or 617.0505, F.S.

Signature of Registered Agent

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 filling 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 fue and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boca Raton Fort Lauderdale Jacksonville Miami Orlando Tallahassee Tampa West Palm Beach



One Southeast Third Avenue 28th Floor Miami, Florida 33131-1714 www.akerman.com

305 374 5600 tel 305 374 5095 fax

October 15, 2003

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32302-1500

> Re: XYBASE, INC.

Dear Sir/Madam:

Enclosed please find the original executed 2003 Uniform Business Report, together with a check made payable to the order of the Secretary of State of Florida, in the sum of \$150.00, covering the filing fee for the above referenced corporation. This corporation has been advised to send the regular filing fee, regardless of the date it is forwarded to your office. Please file the enclosed report at your earliest possible convenience.

Thank you for your cooperation in this regard.

Sincerely yours,

AKERMAN, SENTERFITT

Legal Assistant

Enclosures

David Ristaino, Esq. cc: