

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG -5 AM 3:26

DOCUMENT # FD6000001479

1. Corporation Name

XCEL-TEXAS, INC.

200184076822
08/05/10--01030--011 **1050.00

REINSTATEMENT 08-10
CR26081 (6/10)

2. Principal Office Address - No P.O. Box #

206 Royal Palm Dr

Suite, Apt. #, etc.

3. Mailing Office Address

206 Royal Palm Dr

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/07/2006

5. FEI Number

86-1137599

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe P. Cain Jr

Street Address (P.O. Box Number is Not Acceptable)

206 Royal Palm Dr

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

25 July 10

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
PC	Joe P. Cain Jr	206 Royal Palm Dr	Ft Lauderdale, FL 33301

10. E-mail Address: joecain@msn.com

(To be used for future annual report notification)

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, I further certify 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

Date

Daytime Phone #

25 July 10

8/9/10