

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED

02 NOV 14 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002258

1. Corporation Name

XXV PRES., INC.

Principal Place of Business

3259 SOMERFORD ROAD  
COLUMBUS OH 43221

Mailing Address

3259 SOMERFORD ROAD  
COLUMBUS OH 43221

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-0831871

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCT	NOBLE, TARITA M	3259 SOMERFORD ROAD	COLUMBUS OH 43221

8. Name and Address of Current Registered Agent

NOBLE, RONALD H  
FOWLER, WHITE, GILLEN, BOGGS, ET AL.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/4/02

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 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  
Tarita M. Noble

Date

Daytime Phone #

614-451-6907

# McKinley Enterprises

3259 SOMERFORD RD., COLUMBUS, OHIO 43221

(614) 451-6907 FAX (614) 451-0097

October 31, 2002

Division Of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee Florida 32314-6327

Gentlemen:

Re: XXV Pres., Inc.  
FEI No. 31-0831871

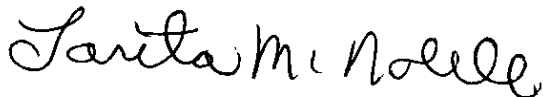
Enclosed you will find an executed copy of the Florida Department of State "Application for Reinstatement" form and a Company check in the amount of \$150.00 (One hundred fifty dollars and no cents).

Please be advised that Ronald H. Noble, Current Registered Agent, or myself received neither the original nor the second notice of the State of Florida corporation annual report/uniform business report.

Please accept this letter and enclosed application as fulfilling the requirement to reinstate the aforementioned Company to active status.

If you have any questions please feel free to contact me.

Very Truly Yours,



Tarita M. Noble  
President