

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001311

Corporation Name **XONTECH, INC.**

2. Principal Office Address
1840 Century Park East

Suite, Apt. #, etc.

City & State
Los Angeles, CA

Zip Country
90067 USA

3. Mailing Office Address
1840 Century Park East

Suite, Apt. #, etc.

City & State
Los Angeles, CA

Zip Country
90067 USA

4. Date Incorporated or Qualified
To Do Business in Florida 3/8/1940

5. FEI Number
34-0575430

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

600042802486

11/17/04--01005--009 **750.00

State Zip Code
FL 33324

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

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11/03/2004

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 |
|-----------------|--------------------------------------|---|-----------------------|
| President / I | Albert F. Myers | 1840 Century Park East | Los Angeles, CA 90067 |
| President | Gary W. McKenzie | 1840 Century Park East | Los Angeles, CA 90067 |
| Secretary | Kathleen M. Salmas | 1840 Century Park East | Los Angeles, CA 90067 |
| Treasurer | James L. Sanford | 1840 Century Park East | Los Angeles, CA 90067 |
| Assistant Treas | Mark Rabinowitz | 1840 Century Park East | Los Angeles, CA 90067 |
| Director | John H. Mullan | 1840 Century Park East | Los Angeles, CA 90067 |

10. 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: *Kathleen M. Salmas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04
Date

310/201-3416
Daytime Phone #

REINSTATEMENT OK
MRS

FILED

04 NOV -3 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA