

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:34

DOCUMENT # F99000001444

1. Corporation Name

Xentel, Inc.

2. Principal Office Address

101 NE 3rd Avenue

Suite, Apt. #, etc.

203

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

101 NE 3rd Avenue

Suite, Apt. #, etc.

203

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

65-089-6267

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

Donna Wagoner

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

101 NE 3rd Avenue,

Suite, Apt. #, etc.

Suite #203

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

Donna M Wagoner
REGISTERED AGENT MUST SIGN

Date 11/17/05

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
CEO	Michael Platz	101 NE 3rd Ave, #203	Ft. Lauderdale, FL 33301
PRES	David Winograd	312 East Wisconsin Ave #314	Milwaukee, WI 53202
VP	Peter Pielsticker	8000 Jane ST, Suite A401	Concord, Ontario L4K5B8
SEC	Debbie Bloom	8000 Jane ST, Suite A401	Concord, Ontario L4K5B8
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Platz 11-17-05 (954) 522-5200

Date

Daytime Phone #

2271