PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE K. State in a Harry Secretary if State L. Lind of Corporations

DOCUMENT#

F9900005818

1. Corporation Name

XETRON CORPORATION

Principal Place of Business

Mailing Address

460 W CRESCENTVILLE ROAD CINCINNATI OH 45246

460 W CRESCENTVILLE ROAD CINCINNATI OH 45246

FILED 00 OCT 26 AM IO: 23

SECRETARY OF STATE TALLAHASSEE FLORIDA

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If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Mai			ailing Office Address, If Applicable #, etc.		Date Incorporated or Qualified To Do Business in Florida 11/10/1999		
Suite, Apt. #, etc. Suite, Apt. City & State City & State					5. FEI Number Ap. Ap.		Applied For
							Not Applicat
Zip	Country	Zip		Country	- 6. CERTIFICATE	OF STATUS DESIRED	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at le	ast 3 directors)		
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
P	WATSON, ROBERT A- ENGEL DR ROBER		460 W CRESCENTVILLE ROAD			CINCINNATI OH 45246	
٧	ALBERS, EDWARD W		460 W CRESCENTVILLE ROAD		CINCINNATI OH 45246		
Ţ	TUCKER, ALVIN E		460 W CRESCENTVILLE ROAD			CINCINNATI OH 45246	
					00	00034630 -11/15/000 ****150.00	3308 1013011 ****150.00
	8. Name and Address of Curren	t Realstered Aa	ent		9. Name and A	ddress of New Registered	Agent
	TT, MICHAEL 1-US HWY-19			Name WYATT Street Address 2.57.0	M LUTAE	is Not Acceptable)	UD,

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.

Suite, Apt. #, Etc.

SIGNATURE

SUFFE-207

Signature of Registered Agent

NORTH PALM HARBOUR FL 34684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. I, being appointed the registered agent of the above named copporation, am familiar with and accept the obligations of Section 607.0505, F.S.

10/23/00

300

Daytime Phone #

State | Zip Code





October 17, 2000

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam,

Enclosed please find a completed Application for Reinstatement along with a check in the amount of \$150.00 for the 2000 Annual Report and Corporate Supplemental fees due on behalf of Xetron Corporation.

We respectfully ask that the Reinstatement Fee be waived. This Notice of Administrative Dissolution or Revocation was the first application of it's kind to be received by our office in Cincinnati. Upon receipt, we immediately contacted your office to gain full knowledge of the situation and any reporting requirements we have missed. A gentleman informed me there was a Corporation Annual Report/Uniform Business Report due in September this year that was not filed. We have no record of ever receiving this information packet. To remedy the situation he suggested we submit payment of the required amount (\$150.00) along with a letter stating the reason the report was not filed and ask for the Reinstatement Fee to be waived.

Please accept the enclosed application, the payment of fees and the above explanation as remedy to satisfy any outstanding issues with regard to our reporting requirements. I look forward to hearing from your office regarding this matter.

Do not hesitate to contact me with any questions or concerns.

Thank you for your assistance.

Sincerely,

Thomas M. Schaefer

Thm &

Senior Accountant
(513) 881 3305 (Control of the Property of t

Enclosures: as stated above office in Chronwall. Least at th

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