PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G16348**

1. Corporation Name

**XYTEX CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 2699 SOUTH BAYSHORE DRIVE<br>SUITE 700-A<br>MIAMI FL 33133 | 2699 SOUTH BAYSHORE DRIVE<br>SUITE 700-A<br>MIAMI FL 33133 |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1982

5. FEI Number: 59-2238768 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | KATZ, MICHAEL D. | 2699 S. BAYSHORE DR., 7TH FLOOR | MIAMI FL 33133 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 03

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| CORPCO, INC.<br>2699 S. BAYSHORE DRIVE<br>SUITE 700-A<br>MIAMI FL 33133 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City — State: FL — Zip Code |

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 X Michael D. Katz — Date 10/17/03
REGISTERED AGENT MUST SIGN

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: X Michael D. Katz — 10/17/03 — 305.856.2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : Katz,Barron,Squitero & Faust, P.A.
Account Number : 072627002473
Phone : (305)856-2444
Fax Number : (305)285-9227

## CORPORATION REINSTATEMENT

### XYTEX CORPORATION

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $758.75 |

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