

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G97275

1. Corporation Name

Xelor Corporation Inc.

2. Principal Office Address

9195 NW 101 St.

Suite, Apt. #, etc.

3. Mailing Office Address

9195 NW 101 St.

Suite, Apt. #, etc.

City & State

Medley, Fl

Zip

Country

33178

USA

City & State

Medley, Fl

Zip

Country

33178

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

59-2411859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Frank Palenzuela

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

9195 NW 101 St.

Suite, Apt. #, Etc.

City

Medley

State

FL

Zip Code

100003509161-9

-12/20/00 --01076--012

***1058.75 ***1058.75

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

REGISTERED AGENT MUST SIGN

Date 11/20/00

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
P	Frank Palenzuela	9195 NW 101 St.	Medley, Fl 33178
V	Raquel Palenzuela	9195 NW 101 St.	Medley, Fl 33178
D	Elizabeth Palenzuela	9195 NW 101 St.	Medley, Fl 33178

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:

Elizabeth Palenzuela

Elizabeth Palenzuela

11-20-00

Date

(305) 863-0990

Daytime Phone #