

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H67414

1. Corporation Name

XE. XE. T. CORPORATION

Principal Place of Business

Mailing Address

1412 N.W. 119 STREET
MIAMI, FL. 33167

700003046977--2
-11/17/99--01017--037
***1500.00 ***1500.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

7-22-85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2684795

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PRES. | JACQUELINE BAILEY | 1412 NW 119 th STREET | MIAMI, FL. 33167 |
| VP-TREAS. | BRIAN BAILEY | 1412 NW 119 th STREET | MIAMI, FL. 33167 |
| DIR. | TANIA BAILEY | 1412 NW 119 th STREET | MIAMI, FL. 33167 |
| DIR. | CONSTANTINE BAILEY | 1412 NW 119 th STREET | MIAMI, FL. 33167 |

REINSTATEMENT 94-99: 1TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABE A. BAILEY
20401 NW 2nd Ave
Suite 101
MIAMI, FL. 33169

Name
CONSTANTINE BAILEY
Street Address (P.O. Box Number is Not Acceptable)
1412 NW 119 STREET
Suite, Apt. #, Etc.
City
MIAMI,

State
FL

Zip Code
33167

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-28-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

CONSTANTINE BAILEY

Date

10-28-99

Daytime Phone #

(305)

685-0708

CR2001 (12/98)