

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 PM 2:27

DOCUMENT # P00000028931

1. Corporation Name

XPLORES, INC.

Principal Place of Business

Mailing Address

6473 PARKLAND DR
SARASOTA FL 34243

6473 PARKLAND DR
SARASOTA FL 34243

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5910 CORTEZ BLVD #120

Suite, Apt. #, etc.

BRADENTON

City & State

FLORIDA

Zip

34210

Country

MANATEE

3. New Mailing Office Address, If Applicable

5910 CORTEZ RDW #120

Suite, Apt. #, etc.

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2000

5. FEI Number

65-1114575

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	MULLER, MAX	6473 PARKLAND DR	SARASOTA FL 34243
		5910 CORTEZ RDW #120 BRADENTON, FL 34210	
			9000004778049--0 -01/16/02--01025--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MULLER, MAX
6473 PARKLAND DR
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name

MULLER, MAX

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

5910 CORTEZ RDW #120

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34210

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

[Signature]

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/01
Date

9417942533
Daytime Phone #

CR2E040 (8/01)