## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P00000028931 DOCUMENT #

1. Corporation Name

XPLORES, INC.

Principal Place of Business

5910 CORTEZ BLVD #120 **BRADENTON FL 34210** 

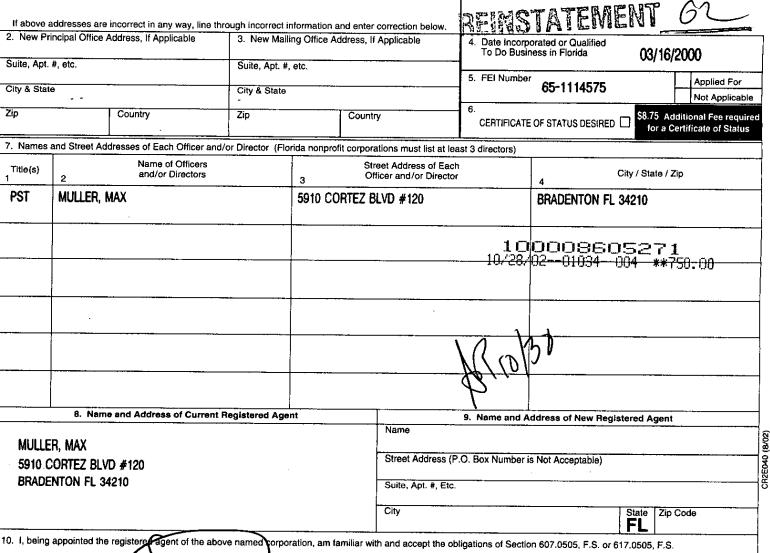
Mailing Address

5910 CORTEZ BLVD #120 **BRADENTON FL 34210** 

FILED

02 OCT 25 PM 4: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 accorate, and my signature shall have the same legal effect as if made under oath.

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

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN