

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051830

1. Corporation Name

XNEXT, INC.

Principal Place of Business

50 3RD ST. NW  
WINTER HAVEN FL 33881

Mailing Address

50 3RD ST. NW  
WINTER HAVEN FL 33881

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2000

5. FEI Number

59-3648850

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	YOUNG, RICHARD A	50 3RD ST, NW	WINTER HAVEN FL 33881
M	BRADY, CHRISTOPHER M.	50 3RD ST, NW	WINTER HAVEN, FL 33881
S	BOYD, JOSEPH S.	50 3RD ST, NW	WINTER HAVEN, FL 33881

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10/29

8. Name and Address of Current Registered Agent

YOUNG, RICHARD A  
50 3RD ST, NW  
WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/23/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD A. YOUNG 10/23/2002 862-298-7698

CR2E040 (8/02)



WWW.XNEXT.COM  
50 THIRD ST. NW  
WINTER HAVEN, FL 33881  
863.298.9698 OR 888.84.XNEXT

To whom it may concern,

We recently received notice of intent to dissolve our corporation. For reasons unknown we failed to receive the first two notices and thus are quite surprised to have this notice appear at our desk. We would like very much to maintain our incorporated status and would be extremely appreciative for an opportunity to do so without incurring any penalty fees. I have included a check for \$158.75. Please let me know if we need to send more for penalties.

Thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Young". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard A. Young

CEO, Xnext Inc.