

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1 of 2

02 FEB 14 PH 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P00000068157

1. Corporation Name

X-MAN COMPONENTS, INC
7201 ROYAL OAK DR.
SPRING HILL, FL. 34607

2. Principal Office Address

7201 Royal Oak Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Spring Hill

City & State

Zip

Country

FL

34607

Zip

Country

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

N/A

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

XAVIER JARQUE

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

7201 ROYAL OAK DR

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34607

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

Xavier Jarque

REGISTERED AGENT MUST SIGN

Date

2/6/02

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
Pres	XAVIER JARQUE	7201 ROYAL OAK DR. SPRING HILL FL. 34607	SPRING HILL FL. 34607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Xavier Jarque

2/6/02

Date

(727) 461-9660

Daytime Phone #

CR2E081 (9/01)

222

X-Man Components, Inc.
7201 Royal Oak Drive
Spring Hill, FL 34607

January 16, 2002

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

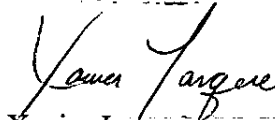
RE: X-Man Components, Inc.
EIN: 52-2254159

Dear Sir / Madam:

I have completed the corporation reinstatement form and I have enclosed this form along with a check for \$300.00 covering my fee for the 2001 and 2002 years.

The State has charged me a penalty for not filing the 2001 form on a timely basis. I submit that due to two moves within 18 months of my arrival in Florida caused a problem in my not receiving the form. I have retained a new accountant in Florida who will handle my matters from here on. What I do know, is that I did not willfully neglect my responsibility. With this in mind, I respectfully request that you reinstate X-Man Components, Inc. and abate my \$600.00 penalty. My \$300.00 payment is made in contemplation of the abatement.

Thank you,


Xavier Jarque