## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

P01000012429 **DOCUMENT #** 

1. Corporation Name

THEN XEXNO, INC.

Principal Place of Business

Mailing Address

3291-4 ROYAL CANADIAN TRACE FORT MYERS FL 33907

3291-4 ROYAL CANADIAN TRACE

FILED

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If above addresses ar	e incorrect in any way, line	through incorre	ct information a	and enter correction below				
2. New Principal Office Address, If Applicable		3. New M	New Mailing Office Address, If Applicable			rporated or Qualified siness in Florida		
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				02/02/2001	
City & State		City & State			5. FEI Numb	1073714	Applied Fo	
Zip	Country	Zip	·	Country	6.		8.75 Additional Fee re	auired
7. Names and Street Ad	ddresses of Each Officer an	d/or Director (I	Florida nonnroi	fit comprations must list at			for a Certificate of Sta	itus
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Directo		ich	City / State / Zip		_
D KYRIACOU, EVANGELOS			<del></del>	3291-4 ROYAL CANADIAN TRACE		FORT MYERS FL 33907		
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8. Nam	e and Address of Current	Registered Ag	gent		9. Name and	Address of New Registered	Agent	
KYRIACOU, EVANGELOS				Name	Name			
3291-4 ROYAL CANADIAN TRACE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
FORT MYERS FL 33907				Suite, Apt. #, Etc	C	Ö		
				City	-	Stat FI	,	
<ol><li>I, being appointed the</li></ol>	e registered agent of the abo	ove named corp	ooration, am fa	miliar with and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	$\neg$
Signature of	> Locking							
Signature of Registered Agent	/ Syly 53	EGISTERED A		QUIRED	<del></del>	Date <u>2-26</u>	-03	_

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

2-26-03 239-671-3220.

	EVANGGLOS XYRIACOU
1	PHONE
T 0	239-671-3220
6 DIVISION OF CORPORATION	<u> </u>
	·
Please accept my apologie	es For not
getting back on ti	me with my
response. I spoke	
to Kathy, that	I did not get
anything on the man	il because
of the mail-persons	mix up.
He was delivering the	documents
to Royal Canadian	Place and
not to ROYAL CAN.	401AN TRACE
That is the reaso	y I did not
get the response to	the Division
OF CORPORATIONS O	
AFTER J spoke wi	th KATHY
which she was very	helpfull
to explain what	I did not to
Right And explained	to me
where I need to sign	n and fill in
the FEO NUMBER.	•
Please wave the changes !	because it wasen't

Entirely my mistake