

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028750

1. Corporation Name

Xerve, Inc.

2. Principal Office Address

1850 Porter Lake Dr.

3. Mailing Office Address

1850 Porter Lake Dr.

Suite, Apt. #, etc.

Suite #107

Suite, Apt. #, etc.

Suite #107

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240

Country

USA

Zip

34240

Country

USA

REINSTATEMENT *B-04*

4. Date Incorporated or Qualified

To Do Business in Florida **December, 2001**

5. FEI Number

65-1101026

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

Sybill L. Johnson

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

1850 Porter Lake Dr.

Suite, Apt. #, Etc.

Suite #107

City

Sarasota

State
FL

Zip Code
34240

000029319050
02/24/04 01053 005 **308.75

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

Sybill Johnson

REGISTERED AGENT MUST SIGN

Date **02/17/2004**

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
CEO	Sybill L. Johnson	1850 Porter Lake Dr., Suite #107	Sarasota, FL 34240

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:

Sybill Johnson (Sybill Johnson)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/2004

Date

941-927-9022

Daytime Phone #

CR2E061 (01/04)



February 17, 2004

Corporate Reinstatement Section
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Xerve, Inc. was dissolved in January, 2003, due to continued poor economic conditions. As a result and the accompanying closure of our office, we never received our Annual Report Form for 2003. This letter is to request a waiver of the Reinstatement Fee and, per the attached application, request a reinstatement of our corporation.

A check is attached to cover the following:

\$150 – Annual Report Fee / Corporate Supplemental Fee for 2003 (year dissolved)
\$150 – Annual Report Fee / Corporate Supplemental Fee for 2004 (reinstatement)
\$8.75 – Certificate of Status requested

\$308.75 Total Payment Included

Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sybill L. Johnson', followed by a horizontal line.

Sybill L. Johnson
CEO