

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
- Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000037060

1. Corporation Name

XUAN HI-LITES, INC.

Principal Place of Business

2711-F KILLEARNEY WAY
TALLAHASSEE FL 32308

Mailing Address

2711-F KILLEARNEY WAY
TALLAHASSEE FL 32308

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

04/12/2001

5. FEI Number

59-3718215

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	OWLES, XUAN T	6089 PICKWICK RD.	TALLAHASSEE FL 32308

000008576150
10/24/02--01039--011 **150.00

8. Name and Address of Current Registered Agent

OWLES, XUAN T
6089 PICKWICK RD.
TALLAHASSEE FL 32308

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

Xuan T Owles
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-02

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:

Xuan T Owles
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-02

Daytime Phone #

CR2E040 (8/02)

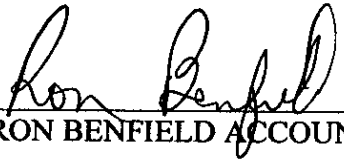
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RON BENFIELD
58 SIOUX CIRCLE
HAVANA, FL 32333
(850) 539-5171

DEPARTMENT OF STATE

WE ARE ASKING THAT XUAN HI-LITES, INC. BE REINSTATED AND THAT THE ENCLOSED CHECK FOR \$150.00. XUAN DID NOT RECEIVE HER CORPORATE RETURN WHEN IT WAS TO BE PAID IN MAY, SO WE ARE ASKING THAT YOU REINSTATE HER CORPORATION.

THANK YOU..


RON BENFIELD ACCOUNTANT