

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000061692**

1. Corporation Name

**XTOLOGY INC.**

Principal Place of Business

1513 N.E. 28TH DRIVE  
FORT LAUDERDALE FL 33334

Mailing Address

1513 N.E. 28TH DRIVE  
FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2001

5. FEI Number

65-1102384

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
COBD	SMITH, STANTON B	1513 N.E. 28TH DRIVE	FORT LAUDERDALE FL 33334
P	SMITH, STANTON B	1513 N.E. 28TH DRIVE	FORT LAUDERDALE FL 33334

900023869209  
10/17/03--01006--027 \*\*750.00

8. Name and Address of Current Registered Agent

SMITH, STANTON B  
1513 NE 28TH DR.  
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name Stanton B. Smith  
Street Address (P.O. Box Number is Not Acceptable)  
1513 NE 28 DR  
Suite, Apt. #, Etc.  
Ft. Lauderdale, FL  
City

State  
**FL**

Zip Code  
**33334**

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

Stanton B. Smith  
REGISTERED AGENT MUST SIGN

Date 10/11/03

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:

Stanton B. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanton B. Smith

Date

10/11/03

Daytime Phone #

954-614-5005

CR20040 (7/03)