

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000091200

1. Corporation Name

X.L.N.C. INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 10:52

REINSTATEMENT

03

Principal Place of Business

Mailing Address

8836 SW 72 ST UNIT - M270 MIAMI FL 33173
8836 SW 72 ST UNIT M-270 MIAMI FL 33173



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

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1138388

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	AZIZ KHAN	8836 SW 72 ST UNIT M-270	MIAMI FL 33173
D/VP	FARZANA A. KHAN	8836 SW 72 ST UNIT M-270	MIAMI FL 33173
D/T	SALIM M KHAN	8836 SW 72 ST UNIT M-270	MIAMI FL 33173

200025635812

12/19/03--01044--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AZIZ KHAN
8836 SW 72 ST UNIT M-270
MIAMI FL 33173

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.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)



Washington Mutual

STATEMENT OF ACCOUNT

THE FEE FOR EACH OVERDRAWN ITEM,
WHETHER PAID OR RETURNED, IS \$29.00.

TO REACH CUSTOMER SERVICE, PLEASE CALL
TELEPHONE BANKING AT 1-800-374-4646.

32,140

EM-E-B1

XLNC-INC
8836 SW 72ND ST APT M270
MIAMI FL 33173-3539

STATEMENT PERIOD:
FROM 01-01-03
THRU 01-31-03

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IMPORTANT INFORMATION IS ENCLOSED, REGARDING UPCOMING ACCOUNT AND SERVICES CHANGES.
IF YOU HAVE QUESTIONS, STOP BY YOUR NEIGHBORHOOD FINANCIAL CENTER.

BASIC BUSINESS CHECKING

WASHINGTON MUTUAL BANK, FA

FDIC INSURED

XLNC INC

ACCOUNT NUMBER:

394-015975-5

OVERDRAFT LIMIT

1,000.00

SUBJECT TO A PER ITEM OVERDRAFT TRANSACTION CHARGE

STATEMENT SUMMARY

Beginning Balance	5,359.25
Deposits	0.00
Electronic & Miscellaneous Deposits	8,301.00
Card Purchases / ATM Withdrawals	0.00
Electronic & Miscellaneous Withdrawals	0.00
Checks	8,650.00
Service Fees	0.00
Ending Balance	5,010.25

ELECTRONIC & MISCELLANEOUS DEPOSITS

Date	Amount	Description
01-02	740.00	EFTLOGIX INC. 1231 4R473 KWIK IN K
01-02	13.50	EFTLOGIX INC. 1231 4R473 KWIK IN K
01-03	40.00	EFTLOGIX INC. 0102 4R473 KWIK IN K
01-03	1.50	EFTLOGIX INC. 0102 4R473 KWIK IN K
01-03	160.00	EFTLOGIX INC. 0102 4R473 KWIK IN K
01-03	7.50	EFTLOGIX INC. 0102 4R473 KWIK IN K
01-06	160.00	EFTLOGIX INC. 0103 4R473 KWIK IN K
01-06	6.00	EFTLOGIX INC. 0103 4R473 KWIK IN K
01-07	580.00	EFTLOGIX INC. 0104 4R473 KWIK IN K
01-07	12.00	EFTLOGIX INC. 0104 4R473 KWIK IN K
01-07	420.00	EFTLOGIX INC. 0105 4R473 KWIK IN K
01-07	7.50	EFTLOGIX INC. 0105 4R473 KWIK IN K
01-08	80.00	EFTLOGIX INC. 0107 4R473 KWIK IN K
01-08	3.00	EFTLOGIX INC. 0107 4R473 KWIK IN K
01-09	20.00	EFTLOGIX INC. 0108 4R473 KWIK IN K
01-09	1.50	EFTLOGIX INC. 0108 4R473 KWIK IN K
01-10	100.00	EFTLOGIX INC. 0109 4R473 KWIK IN K
01-10	4.50	EFTLOGIX INC. 0109 4R473 KWIK IN K
01-13	200.00	EFTLOGIX INC. 0110 4R473 KWIK IN K
01-13	3.00	EFTLOGIX INC. 0110 4R473 KWIK IN K
01-14	60.00	EFTLOGIX INC. 0113 4R473 KWIK IN K
01-14	3.00	EFTLOGIX INC. 0113 4R473 KWIK IN K
01-14	680.00	EFTLOGIX INC. 0111 4R473 KWIK IN K

XLNC INC
8836 SW 72ND STREET; UNIT M-270
Miami, Florida 33173

December 18, 2003

To: Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:

We request that you consider reinstating our corporation with your department based on reasonable cause.

Today, our bank informed us that during their internal review, our corporation is currently inactive. It appears that it is because the address you have on file is incorrect. Our correct address 8836 SW 72nd Street; Unit M-270, Miami, Florida 33173, consequently, the annual report was never received by us, therefore, the payment was not made.

We are attaching an application for reinstatement for 2003 with payment showing our change of address to the number shown in the previous paragraph.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,



Aziz A Khan
Vice President