

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
May 18, 2005 8:00 am
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000093951**

1. Corporation Name

XIOMAR RAPID MOBILITY, INC.

2. Principal Office Address

221 N.W. 66TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

221 N.W. 66TH AVE

Suite, Apt. #, etc.

City & State

HOUSTON TX

City & State

HOUSTON, TX.

Zip

33024

Country

U.S.

Zip

33024

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/01

5. FEI Number

65-1145411

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

XIOMARA MALDONADO

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

221 NW 66TH AVE

Suite, Apt. #, Etc.

City

HOUSTON

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date

5/11/05

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 |
|----------|--------------------------------------|---|---------------------------|
| P | XIOMARA MALDONADO | 221 NW 66TH AVE | HOUSTON, TX. 33024 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/05

Daytime Phone #

CR2E081 (01/05)