

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 24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000002017**

1. Corporation Name

EXTOL CORP.

Principal Place of Business

Mailing Address

15411 SW 160 ST
MIAMI FL 33187

15411 SW 160 ST
MIAMI FL 33187

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

REINSTATEMENT 03



800024055558

10/24/03--01002--003 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2002

5. FEI Number

04 3587266

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GILLES, DONALD M	15411 SW 160 ST	MIAMI FL 33187
VSTD	GILLES, MONIQUE M	15411 SW 160 ST	MIAMI FL 33187

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

DONALD M GILLES

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

15411 SW 160th St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

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

Donald M Gilles

REGISTERED AGENT MUST SIGN

Date

Oct. 16, 2003

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:

MONIQUE GILLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monique Gilles

10/16/03

Date

975-5125

Daytime Phone #

CR2E040 (7/03)

EXTOL CORP
15411 SW 160TH STREET
MIAMI, FL 33187

To whom it may concern,

This is the first time that we heard about
Uniform Business Report for the Corporation and we have not any
Prior notices. Could you, please, send some information about this?

Enclosed are the completed application and the fees.

Thank you.


Monique Gilles

October 2003