

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -5 AM 8:00

DOCUMENT # P02000037695

1. Corporation Name

XATRIUM, INC.

REINSTATEMENT

03-04
MRD

Principal Place of Business

Mailing Address

~~6108 VILLAGE OAKS DR.~~ PO Box 11887
PENSACOLA FL 32504 32524

~~6108 VILLAGE OAKS DR.~~ PO Box 11887
PENSACOLA FL 32504 32524



100028790611
02/16/04--01028--027 **750.00

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

04/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7155 N 9th Ave, C010
Pensacola Florida

PO Box 11887
Pensacola FL 32524

5. FEI Number

02-0569391

Applied For

Not Applicable

Zip 32504

Country USA

Zip 32524

Country USA

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	CARRIGAN, TIM	6108 VILLAGE OAKS DR.	PENSACOLA FL 32504

100028790611
03/05/04--01069--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRIGAN, TIM

~~6108 VILLAGE OAKS DR.~~ PO Box 11887
PENSACOLA FL 32504 32524

Name

Tim Carrigan

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

~~PO Box 11887~~ 7155 N 9th Ave C010

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-8-04 T.C.
~~10-27-03~~

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-04 T.C.
~~10-27-03~~

Daytime Phone #

850 471-0100
850 470 0444

CR2E040 (7/03)