


2008 ~~FOR~~ PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000057799		
1. Entity Name X-ELLENT, INC.		

FILED

2008 NOV 14 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 101 PARAN CHURCH RD MELROSE, FL 32666		Mailing Address PO BOX 38 ELMWOOD, FL 32033 529 Orange Ave. Daytona Beach FL 32114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 101 Paran Church Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melrose, FL	
Zip	Country	Zip	Country
		32666	

10102008 REIN-P CR2E098 (1/07)

4. FEI Number 74-3041356	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNELL, W. HENRY 2200 N. PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2825 Lewis Speedway, Ste. 104 City St. Augustine, FL Zip Code 32084	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SZAFRANIEC, ROBERT 101 PARAN CHURCH RD MELROSE, FL 32666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138239314 11/24/08--01062--005 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  11-15-08 904-377-6230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #