PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -9 PM 4:59

DOCUMENT # P02000086160

1. Corporation Name
EXI International Corporation

W05 - 52890

REINSTATEMENT 03-05

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
9800 4th Street North	9800 4th Street North
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33702 Country USA	Zip 33702 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 8/8/02

5. FEI Number 03-0482115 ☐ 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: Akos Jankura

900061763349
11/29/05--01070--012 **750.00

Street Address (P.O. Box Number is Not Acceptable): 9800 4th Street North

Suite, Apt. #, Etc.: 203

City: St. Petersburg State: FL Zip Code: 33702

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 _____ Date 11/22/2005
REGISTERED AGENT MUST SIGN

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	Akos Jankura	6218-110 PALMA DR WAY	ST. PETERSBURG FL 33715
~~CEO~~ VP	William Barlow	1296-86 TERRACE North	St. Petersburg FL 33702
			900061763349 12/09/05--01053--019 **8[illegible].75

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: _____ 11/22/05 727-579-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #