

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 31 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000089261**

1. Corporation Name

X-METAL, INC.

Principal Place of Business

440 N. PINE MEADOWS DRIVE
DEBARY FL 32713

Mailing Address

440 N. PINE MEADOWS DRIVE
DEBARY FL 32713

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2002

5. FEI Number

54-2082261

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
P/S	John M. New	440 N. Pinemeadow Dr.	DeBary, FL. 32713
V/T	Linda New	440 N. Pinemeadow Dr.	DeBary, FL. 32713

300024332633
10/31/03--01053--004 **150.00

8. Name and Address of Current Registered Agent

NEW, JOHN M
440 N. PINE MEADOWS DRIVE
DEBARY FL 32713

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 10-23-03

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

10/23/03 386-216-4181

Date

Daytime Phone #

CR2E040 (7/03)

X-Metal, Inc.
440 N. Pinemeadow Dr.
DeBary, FL 32713

October 29, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327


To Whom It May Concern:

Subject: Annual Report / Reinstatement

In August of 2002 I began the corporation of X-Metal, Inc. under the advice and direction of my accountant. On September 23rd, 2003 I received a Certificate of Revocation from your office. It was not until that day that I became aware of the fact that I was required to file an annual report with your office or what an annual report was for that matter.

Enclosed you will find a check for \$150.00 and I ask that you consider the infancy of my corporation in waiving the reinstatement fee. Please contact me at my office with any questions you may have pertaining to this matter.

Respectfully yours,



John M. New
President
X-Metal, Inc.
Office: (386) 668-2463