

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 10 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113667

1. Corporation Name

XTENSYS CORPORATION

700075196667
05/24/06--01007--027 **1050.00

2. Principal Office Address

169 E FLAGLER ST

3. Mailing Office Address

169 E FLAGLER ST

Suite, Apt. #, etc.

1534

Suite, Apt. #, etc.

1534

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33131

Zip

FL

Country

33131

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2002

5. FEI Number

04-3732152

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

ALFREDO MOLERO

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

8305 SW 152nd Ave

Suite, Apt. #, Etc.

205

City

MIAMI

State

FL

Zip Code

33193

700075196667

05/24/06--01007--028 **8.75

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

REGISTERED AGENT MUST SIGN

Date 5/8/2006

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
D	ALFREDO MOLERO	8305 SW 152nd Ave. Apt 205	MIAMI, FL. 33193

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 contained in Chapter 119, 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO MOLERO

Date

5/8/2006

Daytime Phone #

(786)290-9616