

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 NOV 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 23



600024506036
11/07/03--01033--007 **150.00

DOCUMENT # P02000128898

1. Corporation Name

XAVIER DE AMEZOLA, INC.

Principal Place of Business

12555 SW 69 AVE
PINECREST FL 33156

Mailing Address

12555 SW 69 AVE
PINECREST FL 33156

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

12555 SW 69 AVE

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-2410003

☒ Applied For
☐ Not Applicable

City & State

City & State

PINECREST, FL

Zip

Country

Zip

Country

33156

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
PRES	XAVIER de AMEZOLA	12555 S.W. 69 AVE PINECREST	12555 S.W. 69 AVE PINECREST, FL 33156
STY. TREAS	XAVIER de AMEZOLA	12555 S.W. 69 AVE	PINECREST, FL 33156

8. Name and Address of Current Registered Agent

FLORIDA AGENT SERVICES INC
92 SADBERRY ROAD
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name XAVIER de AMEZOLA
Street Address (P.O. Box Number is Not Acceptable)
12555 S.W. 69 AVENUE
Suite, Apt. #, Etc.

City

PINECREST

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date

10/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

305/2385923

Xavier de Amezola, Inc.
12555 SW 69th Avenue
Pinecrest, FL 33156

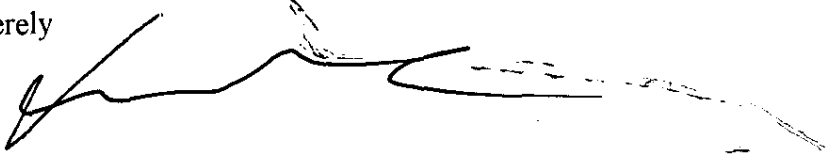
Tuesday, October 28, 2003

~~Tax Amnesty~~
Florida Department of Revenue
PO Box 5800
Tallahassee, FL 32314-5800

Dear Sirs,

I am filing the enclosed form under the amnesty program and paying the original fee of \$150 which should have been paid by June 30. This is a new corporation and the original form for renewal was not received. The addresses on the Secretary of State records is incorrect.

Sincerely



Xavier de Amezola
President
Xavier de Amezola, Inc.