

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -4 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000131475

1. Corporation Name  
XEN INC.

300043673603  
12/28/04--01042--005 \*\*1050.00

**REINSTATEMENT 03-09**

2. Principal Office Address  
1462 SEMORAN BLVD

3. Mailing Office Address  
P. O. BOX 5457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CASSELBERRY, FLORIDA

City & State  
WINTER PARK, FLORIDA

Zip  
32707

Country  
U.S.A.

Zip  
32793-5457

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 12/16/2002

5. FEI Number  
04-3730743

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  
AHMED, SYED M. SHAKIR

Street Address (P.O. Box Number is Not Acceptable)  
5401 DECATUR STREET

Suite, Apt. #, Etc.

City  
ORLANDO,

State  
FL

Zip Code  
32807

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 12/21/2004

**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	AHMED, SYED M. SHAKIR	5401 DECATUR STREET	ORLANDO, FL 32807

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2004

Date

407-810-2707

Daytime Phone #

CR2E081 (01/04)