

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000059122

1. Entity Name

XACT RESOURCES INTERNATIONAL INC.



FILED

04 OCT 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

648-2 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32301

Mailing Address

648-2 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32301

2. Principal Place of Business

2040 W. Palmetto Pk Rd #4

Suite, Apt. #, etc.

Suite 271

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Address

2040 W. Palmetto Pk Rd #4

Suite, Apt. #, etc.

Suite 271

City & State

Boca Raton, FL

Zip

33433

Country

USA



10112004

REIN-P

CR2E098 (6/04)

4. FEI Number

27-00-59-169

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIHALICH, C.M.

307 BRADFORD RD

TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARTOLETTA, NEAL J
STREET ADDRESS 7040 W. PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ST
NAME C.M. Mihalich
STREET ADDRESS 307 Bradford Rd.
CITY-ST-ZIP Talla. FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 300041767463
STREET ADDRESS 10/11/04--01004--005 **150.00
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C.M. Mihalich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/04

Date

850-545-6517

Daytime Phone #