

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
Fax Number : (305) 416-6811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT**  
**XINZO INVESTMENTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,350.00

750.00


**RH**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 MAY -4 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P04000036247

1. Corporation Name

XIN20 INVESTMENTS, INC

2. Principal Office Address - No P.O. Box #

1275 SW 61 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1275 SW 61 ST

Suite, Apt. #, etc.

City &amp; State

Miami FL

City &amp; State

Miami FL

Zip

33143

Country

US

Zip

33143

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/24/06

5. FEI Number

26-0080178

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AGI Registered Agents Inc

Street Address (P.O. Box Numbers Not Acceptable)

1000 Brickell Ave

Suite, Apt. #, Etc.

# 300

City

Miami

State

FL

Zip Code

33131

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/4/10

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	Hernando Novoa	1275 SW 61 ST	Miami FL 33143
D	Segundo Novoa	1275 SW 61 ST	Miami FL 33143

REINSTATEMENT

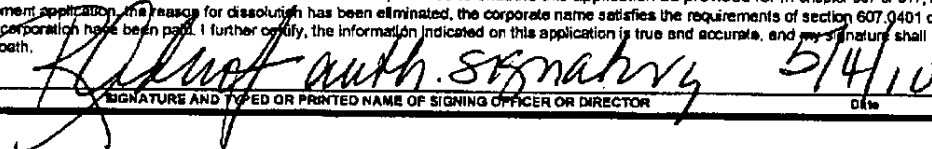
RH

10. E-mail Address: dhernandez@agilaw.com

(To be used for future annual report notification)

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. I further certify, 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

Daytime Phone #

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