

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV -7 AM 11:32

DOCUMENT # 04000072662

1. Corporation Name

Xicara S Corp.

2. Principal Office Address

7497 N.W. 8 St

Suite, Apt. #, etc.

Miami, Fla

City & State

Florida

Zip

33126

Country

USA

3. Mailing Office Address

10827 NW 7 St #11

Suite, Apt. #, etc.

Miami, Fla

City & State

Florida

Zip

33172

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

May 2004

5. FEI Number

20-1081925

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

Jose Juan Xicara

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

10827 N.W. 7 St

Suite, Apt. #, Etc.

Apt 11

City

Miami

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/12/06

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
PD	<u>Xicara, Jose Juan</u>	<u>10827 N.W. 7 St #11</u>	<u>Miami, Fla 33172</u>
STD	<u>Xicara, Nubia P.</u>	<u>10827 NW 7 St #11</u>	<u>Miami, Fla 33172</u>

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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: Nubia P. Xicara Nubia P. Xicara 10/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-267-1098

Daytime Phone #

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