

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 16 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000107103

1. Corporation Name

Exavier Consulting Group, Inc.

600098023436
04/23/07--01047--027 **450.00

CR2E081 (1/07)

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

3581 COLLONADE DR

3. Mailing Office Address

3581 COLLONADE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL 33467

City & State

WELLINGTON, FL 33467

Zip

33467

Country

usa

Zip

33467

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/2004

5. FEI Number

☒ 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

REGINE SAINT-SURIN

Street Address (P.O. Box Number is Not Acceptable)
4465 NW 65 Terr

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

☒ The 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 617.0503, F.S.

Signature of
Registered Agent

Regine Saint-Surin
REGISTERED AGENT MUST SIGN

Date 4/07/2007

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 | Exavier, Maurice | 4465 NW 65 Terr | Lauderhill, FL 33319 |
| VD | Saint-Surin, Regine | 4465 NW 65 Terr | Lauderhill, FL 33319 |
| STD | Exavier, Maurice | 4465 NW 65 Terr | Lauderhill, FL 33319 |
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| | | | |

REINSTATEMENT

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:

Exavier Maurice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07

Date

784 234 210

Daytime Phone #