

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000110588

1. Entity Name  
XL HOMES, INC.



Principal Place of Business

1896 OAKES BLVD  
NAPLES, FL 34119

Mailing Address

1896 OAKES BLVD  
NAPLES, FL 34119

2. Principal Place of Business

1896 Oakes Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1896 Oakes Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

10012005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABREU, LAZARO  
1896 OAKES BLVD  
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name

Lazaro, Abreu

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

1896 Oakes Blvd.

City

Naples

FL

Zip Code

34119

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-30-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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 ABREU, LAZARO  
STREET ADDRESS 1896 OAKES BLVD  
CITY - ST - ZIP NAPLES, FL 34119 ☐ Delete

TITLE VP  
NAME ABREU, XAVIER  
STREET ADDRESS 1896 OAKES BLVD  
CITY - ST - ZIP NAPLES, FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
400060299264  
10/06/05--01043--005 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
REINSTATEMENT 05

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
T. Roberts OCT 07 2005

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-05 (239) 825-8416

Date

Daytime Phone #