
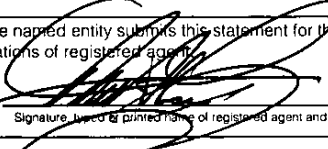
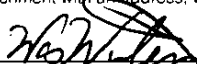


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000132077			
1. Entity Name XOTIX V.M., INC.		Principal Place of Business 510 OCEAN DUNES RD. DAYTONA BEACH, FL 32118 US	
Mailing Address 510 OCEAN DUNES RD. DAYTONA BEACH, FL 32118 US		2. Principal Place of Business - No P.O. Box # 186 KENILWORTH AVE	
3. Mailing Address SAME		Suite, Apt. #, etc.	
City & State ORMOND BEACH, FL		City & State	
Zip 32174	Country VOLUSIA	Zip	Country
4. FEI Number 20-5799260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10142007 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent SILKOWSKI, STEPHEN E 550 W. WATER STREET SUITE 1313 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name ROBERT G. TROUP Street Address (P.O. Box Number is Not Acceptable) 4343 - A RIDGEWOOD AVE City PORT ORANGE FL Zip Code 32127	
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.		10/14/2007 DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTERS, WES 510 OCEAN DUNES RD DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 186 KENILWORTH AVE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTERS, JENNIFER 510 OCEAN DUNES RD DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 186 KENILWORTH AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111195867 10/23/07--01022--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		WESLEY WINTERS, PD 10/14/2007 (386) 235-8730 Date Daytime Phone #	