

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUN -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P93000041429
EXL-ITE, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

529-531 S. DIXIE HWY., EAST 529-531 S. DIXIE HWY., EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH FLORIDA

Zip

33060

Country

U.S.A.

Zip

33060

Country

U.S.A.

REINSTATEMENT 99-98

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 7, 1993

5. FEI Number

65-04262905

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	GARY T. WARD	2403A LOWSON BLVD.	DELRAY BEACH FLORIDA 33445

600002560666--0
-06/16/98--01045--024
****908.75 ****908.75

6/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEFFREY P. LONGO
1450 S.W. 10TH STREET #7
DELRAY BEACH, FLORIDA
33444

Name

GARY T. WARD

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

529-531 SO. DIXIE HIGHWAY, EAST

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gary T. Ward

REGISTERED AGENT MUST SIGN

Date

June 1, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

GARY T. WARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 1, 1998 954-783-5889

CR2E040 (1/98)