2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000090359

Entity Name: XEON CORPORATION

11360 U.S. HWY. 1

PALM BEACH GARDENS, FL

Address: City-St-Zip:

FILED Feb 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: THE WATERFORD HOTEL 11360 US HWY. 1 NORTH PALM BEACH, FL 33408 US **New Mailing Address: Current Mailing Address:** THE WATERFORD HOTEL 11360 US HWY. 1 NORTH PALM BEACH, FL 33408 US FEI Number: 22-2425827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGOSTINO, VINCENT J JR. GULOTTY, MICHAEL K 11360 US HWY. 1 11360 US HWY, 1 FORT MYERS, FL 33908 US N. PALM BEACH, FL 33408 US 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. SIGNATURE: MICHAEL K. GULOTTY 02/01/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LOVAS, STEPHEN JR. Name: Name: 11360 US HWY. 1 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: KUDMAN, STUART R Name: 350 5TH AVE., STE. 1423 Address: Address: NEW YORK, NY City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition LOVAS, STEPHEN III Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN LOVAS, JR. **DPT** 02/01/2005