

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064130

1. Corporation Name

X-CELL SHOW WORLD, INC.

2. Principal Office Address

869 NORTH FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Office Address

869 NORTH FEDERAL HWY

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33305

Country

US

City & State

FT LAUDERDALE, FL

Zip

33305

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1995

5. FEI Number

65-0639009

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

JOHN VAN DE STEEG

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

3181 NW 18TH AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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

John van de Steeg
REGISTERED AGENT MUST SIGN

Date 05/02/01

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
P/D	JOHN VAN DE STEEG	3181 NW 18 AVENUE	FT LAUDERDALE, FL 33309

REINSTATEMENT

96-01 78

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 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:

John van de Steeg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/01

Date

954-463-7469

Daytime Phone #