

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND  
FILED

10x2

98 NOV 25 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064736

1. Corporation Name

XPRT TECHNOLOGIES INC.

Principal Place of Business

1706D CAPITAL CIRCLE NORTH EAST  
TALLAHASSEE FL 32308

Mailing Address

1706D CAPITAL CIRCLE NORTH EAST  
TALLAHASSEE FL 32308

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1995

5. FEI Number

65-0602699

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTS	DAWKINS, ROBERT	1706D CAPITAL CIRCLE NORTH EAST	TALLAHASSEE FL 32308

400002703874--0  
-12/04/98--01107--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAWKINS, ROBERT  
1706D CAPITAL CIRCLE NORTH EAST  
TALLAHASSEE FL 32308

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

**SIGNATURE REQUIRED**

Date

11/15/98

REGISTERED AGENT MUST SIGN

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)(f), 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/98

Daytime Phone #

(850) 942-5477

CR2E040 (9/98)

20f2

**Xpert Technologies, Inc.**

1706D Capital Circle NE  
Tallahassee, FL 32308  
850-942-5477 fax 850-671-4185

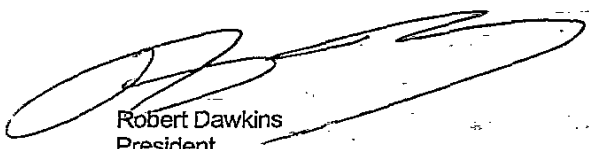
November 23, 1998

Dept Of State, Division of Corporation / Reinstatement Division

Dear Sir or Madam:

On November 16, 1998 our company received a dissolution notice from the Dept. of State stating that our company had been dissolved as of Oct. 15, 1998. Upon checking our records, we discovered that our company had never received the original annual report notice from you. After discussing our problem with one of your staff we were instructed to complete the reinstatement report and return to you with a check for \$150.00. Your staff instructed us that no late penalties would be applied since we never received the original annual report notice. We ask that you please expedite reinstatement of our company and please notify us when complete.

Sincerely,



Robert Dawkins  
President