

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



U3R
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAY 31 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000064734**
1. Corporation Name **XPERT TECHNOLOGIES, INC.**
1700D CAPITAL COR. NE
SUITE 5
TALL, FL. 32308

2. Principal Office Address **NE**
1700D CAPITAL COR
Suite, Apt. #, etc. **SUITE 5**
City & State **TALL, FL**
Zip **32308** Country **US**
3. Mailing Office Address **NE**
1700D CAPITAL COR
Suite, Apt. #, etc. **SUITE 5**
City & State **TALL, FL**
Zip **32308** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida **8/21/95**
5. FEI Number **1050602699**
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for Certificate of Status

99-00

7. Name and Address of Current Registered Agent

Name **ROBERT DANKINS** **10000327151-6**
Street Address (P.O. Box Number is Not Acceptable) **631 FULTON RD**
Suite, Apt. #, Etc. **#43**
City **TALLAHASSEE** State **FL** Zip Code **32312**

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 **[Signature]** Date **5/31/00**
REGISTERED AGENT MUST SIGN

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
PRES	ROBERT DANKINS	631 FULTON RD #43	TALL, FL. 32312

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: **[Signature]** **5/31/00** **544-1454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

282

Xpert Technologies, Inc.

1706D Capital Circle NE

Tallahassee, FL 32308

Memo

To: Department of State – Division of Corporations
From: Xpert Technologies, Inc.
Robert Dawkins - President
Date: 05/31/00
Re: Reinstatement of corporate status for P95000064736

Please find the attached reinstatement form and process immediately. Our company failed to receive Corporate reports for years 1999 and 2000. Per a Dept of State reinstatement employee, we are submitting this letter, the reinstatement form, and a check for the sum of \$300.00 to process the application.



Robert Dawkins - President