

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 MAY -4 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071747

1. Corporation Name

Xelance, Inc.

2. Principal Office Address

330 E. Royal Palm Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

Zip

Country

**REINSTATEMENT**

04-05  
MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1995

5. FEI Number

65-0686778

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

Harry Ross, Esq.

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

6100 Glades Road

Suite, Apt. #, Etc.

#211

City

Boca Raton

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

4.21.05

**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
V.P.,	Virginia Guichard	330 E. Royal Palm Road	Boca Raton, FL 33432
P,S,T	Christian Guichard	330 E. Royal Palm Road	Boca Raton, FL 33432

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Guichard

Date

4-20-05

Daytime Phone #

282

ANTHONY M. NARDOTTI

*Attorney at Law*

3389A W. Woolbright Road • Boynton Beach, Florida 33436

Phone (561) 736-9316 • Fax (561) 737-8999

VIA CERTIFIED MAIL 7004 0750 0000 4557 3142

April 29, 2005

Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

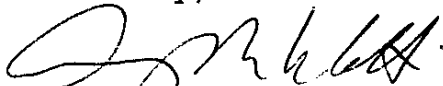
Re: Xelance, Inc.

Dear Sir or Madam:

Enclosed is an Application for Reinstatement for the above named corporation and a check in the amount of \$ 300.00 to cover the cost of the annual report fees for 2004 and 2005. It is respectfully requested that the penalty associated with the failure to file in 2004 be abated as the company did not receive either the card or the annual report. The company has been in a state of disarray since September 2003 when it was discovered that a number of corporate assets were illegally converted. Addresses for the corporation and its registered agent were changed. The Corporation Reinstatement reflects the correct names and addresses of the corporation, its officers and registered agent.

Thank you for your assistance in this matter. If you need any additional information to process this request, please let me know.

Sincerely,



Anthony M. Nardotti