	PLEASENR	EAD ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.
			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P950000 89182						FILED
1. Corporation Name					98 AUG 28 PM 3: 35	
Xero Comp Supplies & Systems, INC.					SEGRETART OF STATE TALLAHASSEE, FL <b>ORI</b> DA	
Principal Place of Business Mailing Address						ACCAMADOLIC, I LONDA
7210 NW 54 STREET SAME						010-900 100
MIAMI - FL 33/66  If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINS	STATEMENT TO THE STATEMENT
	ddre <b>sse</b> s are incorrect in any wa ncipal <b>O</b> ffice Address, If Applicat		ailing Office Address, If Applicable		Date Incorpo     To Do Busin	prated or Qualified
Suite, Apt. #	t, elc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number	ess in Florida //- 2/- 95 Applied For
City & State		City & State	City & State			062/096 Not Applicable
Zip			Country		6. CERTIFICATE OF STATUS DESIRED Status 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)  Name of Officers. Street Address of Each						
Title(s) Name of Officers and/or Directors			Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State / Zip
Pers	Guilleamo D.	BARCENA	7210 NW	5457		MIAMI FL 33/66
Sec	"	//	"	11		<i>" " "</i>
TREN.	r	<i>(1</i>	0 "	·		11 8 11
					8C	0002630 <b>6</b> 88 <sub>014</sub> 8 -09/01/9801080 <u>-</u> 014 ***1050.00 ***1050.00
	8 Name and Aridress of	Current Registered Ape	ent		9. Name and A	Address of New Registered Agent
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Cru//eRmo D. Barrena St  Street Address (P.O. Box Number is Not Acceptable)						
5392 NW 72 AVE  Street Address 72/0  MIAMI - FL 33/66  Suite, Apt. #, E					P.O. Box Number NW 54	is Not Acceptable)
MIAMI - FK 33/66 Suite, Apt. #, Etc.						
				CIZIAMI		State Zip Code FL 33/66
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 Fuellieur Agent MUST SIGN  Date Dug-14-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No U  (See other side for information on inlangible 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 filling 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: GUILLERMO D. BARCENA JULLER DUBLING STORESTOR 8-14-98 305-805-1500  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						