Country Zip Country Zip Country Co				ALL INOT	TOUCTIONS		OMDLET	INO TUIO FOD		
DOCUMENT # P96000014088 1. Corporation Harno XES, INC. Principal Place of Surfines 1300 LONGWOOD DAKS BLVD. LAREAMO Rt. 38811 LAREAMO Rt. 38813		PLICAT FOR	ION (FLORID	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		APAROVLU AMD PH.F.D			
Principal Place of Business 1830 LONGWOOD DAYS BLVD. LARELAND 71 3811 If above addresses are incorrect in any vary, fine through incorrect information and enter councilion below. 2. New Principal Office Address. If Applicable 2. New Principal Office Address. If Applicable 3. New Meeting Office Address. If Applicable 3. New Meeting Office Address. If Applicable 3. New Meeting Office Address. If Applicable 4. Date incorporated or Qualified 10. Dis flushross in Ferrios 22/12/1996 5. FER Number 5. FER Number 7. Part of Country 7. Names and Street Address. of Each Office a end/or Directors 1146(s) 2. Names and Street Address. of Each Office a end/or Directors 3. (In NOT Use Fer Office Ross Numbers) 4. Date incorporated or Qualified 10. Dis flushross in Ferrios 7. Part of Country 8. FERRINGTON OF STATUS DESIRED 1146(s)	1. Corporation Name XES, INC.									
1303 LONGWOOD OAKS BLVD. LAKELAND FL 33811 If above addresses are incorrect in any way, fine tirrequit incorrect information and enter correction below. 2. New Principal Office Address. If Apyricante 3. New Mailing Office Address. If Apyricante 3. New Mailing Office Address. If Apyricante 5. FEI Number 5. FEI Number 6. FEI Number 7. Names and Street Addresses of Each Officer and/or Director (Flords nonprolit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Flords nonprolit corporations must list at least 3 directors) 8. Name and Addresses of Country 7. Names and Street Addresses of Each Officer and/or Director (Flords nonprolit corporations must list at least 3 directors) 8. Name and Addresses of Country 8. Name and Addresses of Country 9. Name and Addresses of Country 100 MORGAN, DEBORAH F 1303 LONGWOOD OAKS BLVD. REINSTATEMENT 9. Name and Address of New Registered Agent Name 1303 LONGWOOD OAKS BLVD. REINSTATEMENT 9. Name and Address of New Registered Agent Name 1304 LAKELAND FL 33811 101 LONGWOOD OAKS BLVD. REINSTATEMENT 9. Name and Address of New Registered Agent Name 1304 LAKELAND FL 33811 101 LONGWOOD OAKS BLVD. REINSTATEMENT 9. Name and Address of New Registered Agent Name 1305 LONGWOOD OAKS BLVD. REINSTATEMENT 9. Name and Address of New Registered Agent Name 1306 LAKELAND FL 33811 101 LONGWOOD OAKS BLVD. REINSTATE MENT 101 LONGWOOD OAKS BLVD. 101 LONGWOOD OAKS BLVD. 101 LONGWOOD OAKS BLVD. 102 LONGWOOD OAKS BLVD. 103 LONGWOOD OAKS BLVD. 104 LAKELAND FL 33811 105 LONGWOOD OAKS BLVD. 105 LONGWOOD OAKS BLVD. 105 LONGWOOD OAKS BLVD. 106 LONGWOOD OAKS BLVD. 107 LONGWOOD OAKS BLVD. 107 LONGWOOD OAKS BLVD. 107 LONGWOOD OAKS BLVD. 107 LONGWOOD OAKS BLVD. 108 LONGWOOD OAKS BLVD. 109 LONGWOOD OAKS BLVD. 109 LONGWOOD OAKS BLVD. 100 LONGWOOD OAKS BLVD. 101 LONGWOOD OAKS BLVD. 102 LONGWOOD OAKS BLVD.										
2. New Principal Office Address, if Applicable 3. New Mailing Cillice Address, if Applicable 4. Date Incorporated or Qualified To De Business in Florida 102/12/1996 Suite, Apt. #, etc. City & State Zip Country	1303 LONG	WOOD OAKS		1303 LONGW	1303 LONGWOOD OAKS BLVD.					
Applied For Not Applied For No	New Principal Office Address, If Applicable 3.				3. New Mailing Office Address, If Applicable			saas la Eladala	02/12/1996	
2p Country Certificate of Status Desired Country Certificate of Status Desired Conditional Server Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Street Addresses of Each City / State / Zip D MORGAN, DEBORAH F 1303 LONGWOOD OAKS BLVD. LAKELAND FL 33811 SECOND 23 4 7 55 - 1					etc.		5. FEI Number Applied For			
Title(s) 2 Name of Officers and/or Directors 2 Street Address of Post Officer and/or Director and/or Directors 3 (Do NOT Use Post Office Rox Numbers) 4 City / State / Zup D MORGAN, DEBORAH F 1303 LONGWOOD OAKS BLVD. LAKELAND FL 33811 SCICIO 2 3 4 4 7 5 6	Z ip		Country	Z ip	Country	y		E OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
BUILD DUE 344 755 - 1 -11/12/9701031009 *****750.00 *****750.00 REINSTATEMENT '97 Scc //- 4-97 8. Name and Address of Current Registered Agent MURPHY, RONALD T 5015 SOUTH FLORIDA AVE. SUITE 400A LAKELAND FL 33813 10. I, being appointed the registered agent of the above paging corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent PREGISTERITO AGENT MUST SIGN 11. This corporation owes or has paid the current year (Soo other side for information	Name of Officers Title(s) Send/or Directors			/or Director (Fto	Street Address of Eacl Officer and/or Directo			City / State / Zin		
REINSTATEWEN '97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FRANKLIN James R. Street Address (P.O. Box Number is Not Acceptable) SUITE 400A LAKELAND FL 33813 City LAKELAND 10. I, being appointed the registered agent of the above paged corporation, am famillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent. 11. This corporation owes or has paid the current year SELENTATE VENT SIGNATURE 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 14. Etc. Suite April 1. Etc. Suite Agent 4. Etc. Suite	D				1			LAKELAND FL 33811		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FRANKLIN JAMES Street Address (P.O. Box Number is Not Acceptable) 215 Imperial Boulevard Sulte 400A LAKELAND FL 33813 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 Registered Agent This corporation owes or has paid the current year (Sec other side for information					6000023447661 -11/12/9701081009 ****750.00 *****750.00				47661 -01081009 0 ****750.00	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name FRANKLIN JAMES Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sultte 400A LAKELAND FL 33813 10. I, being appointed the registered agent of the above paned corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERIED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information										
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Signature of Registered Agent Date 11/3/97 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information	SUITE 400A LAKELAND FL 33813					FRANKLIN, DAMES K. Street Address (P.O. Box Number is Not Acceptable) 215 Impertal Boulevard Sulto, Apt. 4, Etc. Sulte C·3 City LAKELAND FL 33803				
11. This corporation owes or has paid the current year (See other side for information	Signaturo d	of	o registered agent of the abo	ove named coroo	oration, am familiar wi	th and accept the ob	oligations of Secti		197	
Intangible Personal Property tax due June 30. Yes No X on Intangible tax.)	11. Th	is corpo	ration owes or h	as paid th	e current yea	ar Yes 🗌	No 🔀	(Sec other	r side for information ntangible 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)(i), F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGURE CORP. Date Date Dayline Prigne #	this rein owed by on this i	nstatement app y the corporati application is t	dication, the reason for diss on have been paid and the	olution has boon names of Individ	etiminated, the corpo uals listed on this for the same legal effe	rate name satisfies in do not qualify for act as if made under	the requirements an exemption und	of section 607.0401 or 61	7.0401, F.S., that all fees S. The Information Indicated	