

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000075280

1. Corporation Name

XIAN, INC.

2. Principal Office Address

8895 N. Military Trail
Suite E-201

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

REINSTATEMENT

09-2001

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/11/96

5. FEI Number

65-0692377

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

Donna McDonald

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

8895 N. Military Trail

Suite, Apt. #, Etc.

Suite E-201

City

Palm Beach Gardens

State
FL

Zip Code
33410

600003632106-3
02/05/01-01016-003
***1058.75 ***1058.75

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

Donna McDonald

REGISTERED AGENT MUST SIGN

Date 1-17-01

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
PS	Ralph V. Williams	520 Silicon Drive	Southlake, TX 76092
VP	Bruce P. Woodward	520 Silicon Drive	Southlake, TX 76092
VP	Lisa G. Moore	8895 N. Military Trail Suite E-201	Palm Beach Gardens FL 33410
S	Donna McDonald	8895 N. Military Trail Suite E-201	Palm Beach Gardens FL 33410
AS	Carolyn Fredholm	520 Silicon Drive	Southlake, TX 76092
			KE

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)(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:

Ralph V. Williams Ralph V. Williams, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01 817 442 8200

CR2E081 (9/99)