

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~~

3. Mailing Office Address
Same as Principal

Suite, Apt. #, etc.
Suite E-201

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State

Zip
33410

Country
Palm Beach

Zip Country

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

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

State Zip Code
FL 33410

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 GooMoore	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 **1/16/01** 817 442 8200
Daytime Phone #

CR2E081 (9/99)