

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P96000095592
1. Corporation Name XECUTE ND INC.

98 FEB 16 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1801 ISLAND CLUB DR #94
INDIALANTIC, FL 32903

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P O BOX 677473

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P O BOX 677473

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 22nd, 1996

5. FEI Number

59-3410348

Applied For

Not Applicable

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32867-7473

Country

USA

Zip

32867-7473

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BELINDA L. LEE	474 NO. LAKE SHORE DR SUITE #5611	CHICAGO, IL 60611
VP	MARK V. SORESI	10860 SPRING KNOLL DR SUITE #322	POTOMAC, MD 20854
			300002431105-5
REINSTATEMENT 97-98			
A. Alay 2/16/98			

8. Name and Address of Current Registered Agent

ILENE MARIE HARRISON ESQUIRE
1600 WEST EAM GALLIE BLVD
SUITE 201-C

MELBOURNE, FL 32935

9. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2607

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

Karen B. Rozar

Karen B. Rozar, As Its Agent

REGISTERED AGENT MUST SIGN

Date 2-16-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Belinda L. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/98

Date

312-407-2513

Daytime Phone #

CR2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 707514 7145020

AUTHORIZATION :

COST LIMIT : *Patricia P. 88.75*

ORDER DATE : February 16, 1998

ORDER TIME : 10:11 AM

ORDER NO. : 707514-005

CUSTOMER NO: 7145020

CUSTOMER: Ms. Belinda L. Lee
Xecute Nd, Inc.
10860 Spring Knoll Plaza
Potomac, MD 20854

RECEIVED
98 FEB 16 AM 11:50
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: XECUTE ND, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS _____

*A. Allen
2/16/98*