

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067361

1. Corporation Name

XIOMELI CORPORATION

2. Principal Office Address - No P.O. Box #

2231 W 80ST

Suite, Apt. #, etc.

1

City & State

HIACLEAH FL

Zip

33016

Country

DADE

3. Mailing Office Address

2231 W 80ST

Suite, Apt. #, etc.

#1

City & State

HIACLEAH FL

Zip

33016

Country

DADE

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business In Florida

08/01/1997

5. FEI Number

650774036

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

XIOMER NAVARRO

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

2231 W 80ST #1

Suite, Apt. #, Etc.

City

HIACLEAH

State

FL

Zip Code

33016

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-23-2007

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
P	XIOMER NAVARRO	2231 W 80ST #1	HIACLEAH FL 33016

500111649565
11/02/07--01051--009 **1800.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-2007

Date

305-5862852

Daytime Phone #