

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherin Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**01 MAY -1 AM 9:48**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 797000102676

**1. Corporation Name**

XODOS, INC

**2. Principal Office Address**

310 Polk St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

USA

**3. Mailing Office Address:**

PO Box 435

Suite, Apt. #, etc.

City & State

Duluth GA

Zip

30096

Country

USA

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

12/ /97

**5. FEI Number**

59-3441006

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

Lisa Solomon

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

181 Spring Sink Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

**REINSTATEMENT 99-01**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4/23/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

President	Fay Muhammad	2493 Regent Walk Dr	Duluth, GA. 30096
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\*\*\*1058.75 \*\*\*1058.75

**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, that all fees owed by the corporation have been paid and the names of individuals listed on this application are 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

Date

Daytime Phone #

4/26/01

6788959190

CR2E081 (9/00)