MAY. 29. 2001 9:17AM EQUITY VENTURES

NO. 3885 P. 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005345

1. Entity Name

Xtology, Inc.

Principal Place of Business	Mailing Address
1191 E. Newport Center Dr. Suite 101 Deerfield Beach, FL 33442	1191 E. Newport Center Dr. Suite 101 Deerfield Beach, FL 33442

FILED

01 MAY 31 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1191 E. Newport Center Dr.		1191 E. Newport Center Dr.	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Deerfield Beach, FL		City & State: Deerfield Beach, FL	
Zip: 33442	Country: USA	Zip: 33442	Country: USA

4. FEI Number: 522076390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN COURTNEY, ASST. V.P. 5/31/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: James E. Brady STREET ADDRESS: 1191 E. Newport Center Dr. Ste 101 CITY-ST-ZIP: Deerfield Beach, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2001

700004335727—9

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James E. Brady 5/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 145632 7227993

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $~~250.00~~ 75.00 SYK

ORDER DATE : May 10, 2001

ORDER TIME : 9:57 AM

ORDER NO. : 145632-020

CUSTOMER NO: 7227993

CUSTOMER: David Kahan, Esq
David Kahan, P.a.
3696 N. Federal Highway
Suite #101
Fort Lauderdale, FL 33308

DOMESTIC FILINGS

NAME: XTOLOGY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

RECEIVED
01 MAY 31 AM 10:46
DIVISION OF CORPORATION