

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA80000916346</u>			
1. Corporation Name <u>X AND J INCORPORATED</u>			
2. Principal Office Address <u>1140 Lodestar Dr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1140 Lodestar Dr.</u> Suite, Apt. #, etc.	
City & State <u>Holiday, Florida</u>		City & State <u>Holiday, Florida</u>	
Zip <u>34690</u>	Country <u>Pasco</u>	Zip <u>34690</u>	Country <u>Pasco</u>

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

9901

4. Date Incorporated or Qualified To Do Business in Florida <u>11/16/98</u>	
5. FEI Number <u>59-3544364</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name <u>JAMES KORDIS</u>		<u>100004719921-0</u> <u>-12/12/01--01012--013</u> <u>***1050.00 ***1050.00</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1140 Lodestar Dr.</u>		City <u>Holiday</u>
State <u>FL</u>	Zip Code <u>34690</u>	Initials <u>LS</u>

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 James Kordis Date 11/8/01

REGISTERED AGENT MUST SIGN.

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
Pres	James Kordis	1140 Lodestar Dr.	Holiday, FL 34690
Sec	Xanthippe Kordis	1140 Lodestar Dr.	Holiday, FL 34690
Treas	Xanthippe Kordis	1140 Lodestar Dr.	Holiday, FL 34690

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)(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: James Kordis Pres Date 11/8/01 (727) 939-3520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)