

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PA8000096346

X AND J INCORPORATED

2. Principal Office Address

1140 Lodestar Dr.
Suite, Apt. #, etc.

City & State

Holiday, Florida

Zip

34690

Country

Pasco

3. Mailing Office Address

1140 Lodestar Dr.
Suite, Apt. #, etc.

City & State

Holiday, Florida

Zip

34690

Country

Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/98

5. FEI Number

59-3544364

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

JAMES KORDIS

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

1140 Lodestar Dr.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

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

REGISTERED AGENT MUST SIGN

Date *11/8/01*

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/01 (727) 939-3520
Daytime Phone #

CR2E081 (9/00)