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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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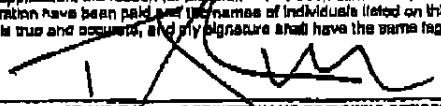
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 999000014190					
1. Corporation Name XTE2, INC.					
2. Principal Office Address 1101 Brickell Ave.			3. Mailing Office Address 1101 Brickell Ave.		
Suite, Apt. #, etc. Suite N505			Suite, Apt. #, etc. Suite N505		
City & State Miami, FL			City & State Miami, FL		
Zip 33131	Country US	Zip 33131	Country US		

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 02/13/99	
5. FBI Number 650916233	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ TO 75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0808 or 617.0803, F.S.			
Signature of Registered Agent 		Date 3/4/2002	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CRO	ORRIOLS, JOE	1101 Brickell Ave., Suite N505	Miami, FL 33131
EVP	CRANS, TOM	1101 Brickell Ave., Suite N505	Miami, FL 33131
D	SCOTT, ALDO	1101 Brickell Ave., Suite N505	Miami, FL 33131
D	GORHAM, VINCENT	1101 Brickell Ave., Suite N505	Miami, FL 33131
10. I certify that I am an officer or director or the registrar 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 118.07(3)(D), 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: 		3/4/02 941 750503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

H020000488179

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

XTEL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75