

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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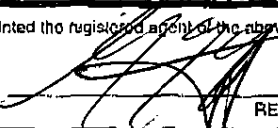
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REINSTATEMENT 00-01

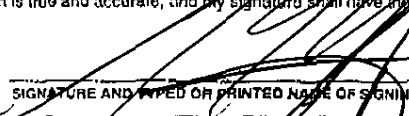
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000025306			
1. Corporation Name XEROKO CORPORATION			
2. Principal Office Address 2216 E. Oakland Park Blvd Suite, Apt. #, etc.		3. Mailing Office Address Same as principal office Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State	
Zip 33306	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/16/99	SP
5. FEI Number	☐ 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 Stephen L. Lustig	
Street Address (P.O. Box Number is Not Acceptable) 2216 E. Oakland Park Blvd.	
Suite, Apt. #, Etc.	
City Fort Lauderdale	State FL
Zip Code 33306	

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 	Date 10/10/01
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Stephen L. Lustig	2216 E. Oakland Park Blvd	Fort Lauderdale, FL 33306

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)(l), 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: 	Signature and typed or printed name of signing officer or director Stephen L. Lustig DP 10/10/01 954-563-7067