

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

XSPO

999000030193

300005555049--6

-05/16/02--01050--020

****150.00 ****150.00

2. Principal Office Address

510 N. Ocean
Deborah J. Streeter

3. Mailing Office Address

510 N. Ocean #203

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

#203

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/99

5. FEI Number Tax # 65-090576

999000030193

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

Deborah J. Streeter

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

510 N. Ocean Blvd. #203

Suite, Apt. #, Etc.

#203

City

Pompano Beach

State

FL

Zip Code

33062

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

Deborah J. Streeter

REGISTERED AGENT MUST SIGN

Date

5/1/02

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
Secy	Jenise Brown	4049 N. McNabb #A	Pompano Beach FL 33062
Pres.	Deborah J. Streeter	510 N. Ocean Blvd #203	Pompano Beach FL 33062

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:

Deborah J. Streeter

Deborah J. Streeter

5/1/02

856-
392-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #