

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

FILED

01 JUL -5 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038173

1. Corporation Name

Xylex 2000, Inc.

2. Principal Office Address

1223 S.W. 87th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 17493

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

U.S.A.

Zip

33318

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 22, 1999

5. FEI Number

65-0909500

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

Victor D. Amashta

700004480717--3

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

1223 SW 87th Terrace

-07/17/01--01003--022

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Victor D. Amashta

REGISTERED AGENT MUST SIGN

Date 6/26/01

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
President	Victor D. Amashta	1223 SW 87th Terr	Plantation, FL 33324

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

Victor D. Amashta

Victor D. Amashta

6/26/01 (954) 423-1354

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2062



June 26, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

In re: Reinstatement of Xylex 2000, Inc. Document # P99000038173, Ein: 65-0909500

To Whom It May Concern:

Please, find enclosed the Corporation Reinstatement form along with the check. Please, also update all the information pertaining to the principal office address and mailing address.

Since I never received any notices for the year 2000 and 2001, would you kindly waive all late fees? Xylex 2000, Inc. is a home-based business, one-man operation. Please, take this into consideration.

Most likely, all of your correspondence has been lost in the mail.

Your understanding is very much appreciated.

Thank you, and have a great day!

Sincerely,

Victor A. Amashta
Victor Amashta, President
Xylex 2000, Inc.

Enclosures: Check and reinstatement form

1223 sw 87th Terr., Plantation, FL 33324
Toll Free: 888-842-6614 Fax: 954-382-9923
www.xylex2000.com