

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 28 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056175

1. Corporation Name

X-ACT RESOURCES, INC.

Principal Place of Business

Mailing Address

7040 W PALMETTO PARK ROAD SUITE 271
BOCA RATON FL 33433

7040 W PALMETTO PARK ROAD SUITE 271
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-095469D

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BARTOLETTA, NEAL J SR	7040 W PALMETTO PARK ROAD SUITE	BOCA RATON FL 33433

000003506090--4
-12/19/00--01077--003

****750.00 ****750.00

REINSTATEMENT

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTOLETTA, NEAL J SR
7040 W PALMETTO PARK ROAD SUITE 271
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Neal J Bartolotta

REGISTERED AGENT MUST SIGN

Date

10/18/2000

11. 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:

Neal J Bartolotta SR
NEAL J BARTOLETTA SR

10/18/2000

Date

Daytime Phone #

954-415-3412

CR2E040 (800)