

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000084644**

1. Corporation Name

Xpedian. com, Inc

2. Principal Office Address

232A Royal Palm Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. box 35233

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Charlotte, NC

Zip

33480

Country

U.S.A.

Zip

35233

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09-23-1999

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

ASHLEY M. HIGA

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

1550 N.E. 108TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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

Ashley Higa

REGISTERED AGENT MUST SIGN

Date

3/20/03

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
PRES	ASHLEY HIGA	1550 N.E. 108TH STREET	MIAMI, FL 33161
DIR	ASHLEY HIGA	1550 N.E. 108TH STREET	MIAMI, FL 33161
SEC	ASHLEY HIGA	" " " "	" " "
TREAS	ASHLEY HIGA	" " " "	" " "

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:

Ashley Higa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/20/03 (305) 981-0947

Daytime Phone #

CR2E061 (10/02)

COMMERCE CAPITAL GROUP LLC

2002

March 20, 2003

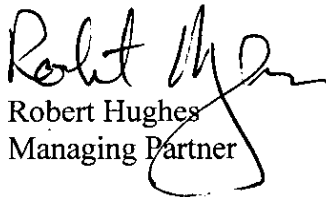
ATTENTION:
Corporation Reinstatements

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To whom it may concern,

Upon your advice we have enclosed please find our Application for Corporation Reinstatement with the requested Annual Report Fee and Corporate Supplemental Fee for the previous years. We are also seeking a waiver of the \$600.00 reinstatement fee, as according to our records and those obtained from our former attorneys, we have never received any notice of filing or Annual Report documents *for the year 2002.*

Sincerely,


Robert Hughes
Managing Partner

cc: Ashley Higa