

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000095737

1. Corporation Name

Xcellant Kars Corp

2. Principal Office Address

2421 S SR7

Suite, Apt. #, etc.

Unit B

City & State

Hollywood FL

Zip

33221

Country

Broward

3. Mailing Office Address

260 NW 37 way

Suite, Apt. #, etc.

City & State

Deerfield Beach

Zip

33442

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0963677

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

Robert DeRomo

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

260 NW 37 way

Suite, Apt. #, etc.

Deerfield Beach

City

Deerfield Beach

State

FL

Zip Code

33442

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

Robert DeRomo

Date

2-24-03

REGISTERED AGENT MUST SIGN

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	Robert DeRomo	260 NW 37 way	Deerfield Beach FL 33442
VP	Robert DeRomo	Same	Same
S	Robin Lareby	Same	Same

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:

Robert DeRomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

Date

954 478 1166

Daytime Phone #

CR2E081 (10/02)

2/23