

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR 26 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S63833

1. Corporation Name

XYMOX, INC.

2. Principal Office Address

802 Whiting St.

3. Mailing Office Address

7508 Ola Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33604

Country

USA

**4. Date incorporated or Qualified
To Do Business in Florida**

07/03/1991

5. FEI Number

593173070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

PITTMAN, ROBERT

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

438 Hawthorne Ct.

Suite, Apt. #, Etc.

City

Indian Harbor Beach

State
FL

Zip Code
32937

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 Pittman
REGISTERED AGENT MUST SIGN

Date

8 APRIL 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
P	PITTMAN, ROBERT	438 Hawthorne Ct.	Indian Harbor Beach, FL 32937
V	PITTMAN, ROBERT, JR.	7508 Ola Ave. W.	Tampa, FL 33604

REINSTATEMENT 9-7-02

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 Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Pittman

3/11/02
Date

321-777-3044
Daytime Phone #

ROBERT PITTMAN

T. Lewis 5/1/02