

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 2:19

DOCUMENT # **V45891**

1. Corporation Name

EXGLOBE, INC.

Principal Place of Business

P. O. BOX 1552
PORT SALERNO FL 34982-1552
US

Mailing Address

P.O. BOX 1552
PORT SALERNO FL 34982-1552

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1992

5. FEI Number

05-0341360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SS 75.00 (Fees are subject to change without notice.)

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	BORDAS, PAUL	6172 RIVERBOAT DR.	STUART FL

500003060475--0

-12/03/99--01089--024

****758.75 ****758.75

8. Name and Address of Current Registered Agent

BASS, DONALD L.
7166 SE OSPREY ST.
HOBE SOUND FL 33455

9. Name and Address of New Registered Agent

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

Donald L. Bass **REQUIRED**

REGISTERED AGENT MUST SIGN

Date *Nov 15, 1999*

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:

Paul B. Bordas **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/1999

Date

Daytime Phone #

561-246 9439