

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000082120

**Entity Name:** XCAPARTIS INC.

**Current Principal Place of Business:**

1631 S DIXIE HWY  
C-4  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

500 EXECUTIVE CENTER DRIVE  
2N  
WEST BEACH , FL 33401 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYNOLDS, CHARLES E SR.  
500 EXECUTIVE CENTER  
2N  
WEST PAIM, FL 33401 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHARLES REYNOLDS

02/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REYNOLDS, CHARLES E  
Address 500 EXECUTIVE CENTER 2N  
2N  
City-State-Zip: WEST PALM BEACH BEACH FL  
33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES REYNOLDS

P

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date