


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

0000 L.L.C. UBR
APPLICATION FOR REINSTATEMENT




FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

2002 OCT 25 PM 12:17

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014095
 Name and Mailing Address

0005327 01 FP 0.352 **PRSRT T6 0 0615 33770-490376

 XXI MANAGEMENT, L.L.C.
 2230 WEST BAY DRIVE
 STE D
 LARGO FL 33770-4903




| | | | |
|---|---|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/09/2000 | |
| Principal Place of Business 2230 WEST BAY DRIVE STE D LARGO FL 33770 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 51-0422866 -APPLIED FOR- | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

CR2E084 (8/02)

| | |
|--|---|
| 8. Name and Address of Current Registered Agent MARTIN, JOHN P 401 S. LINCOLN AVE. CLEARWATER FL 33756 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

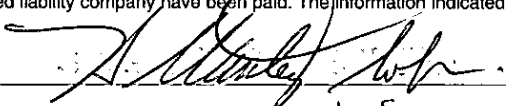
Signature of Registered Agent  for J.P. MARTIN Date 10/22/02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGRM | SOFER, H. STANLEY | 2230 WEST BAY DRIVE, STE D | LARGO FL 33770 |
| MGRM | SOFER, CAROLINE | 2230 WEST BAY DRIVE, STE D | LARGO FL 33770 |
| | | | |
| | | | |

400008600944
 10/25/02-01114-013 **100.00
 502220900796
 08/05/02 90811 844 \$ 50.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 10/22/02 Daytime Phone # 727 585 0305
 Typed or printed name of signing Managing Member/Manager H. Stanley Sofor

20fa

xxi management, llc

H. Stanley Sofer,
Managing Partner
2230 West Bay Drive, Suite D, Largo, Florida 33770

Office Telephone 727-585-0305
Fax 727-585-2989

October 22, 2002

**Division of Corporations
Registration Section
P.O.Box 6327
Tallahassee, FL 32314**

**SUBJECT: Reinstatement of XXI Management, LLC
Doc. No.: L00000014095**

Gentlemen:

Enclosed please find a check in the amount of \$100.00 for reinstatement. As per my conversation with your office, I have already paid \$50.00 back in August (copy of cancelled check enclosed) and only \$100 is needed for the reinstatement.

For the record: I just received my FEI number from the IRS and cannot find your correspondence requesting same. I feel this \$100.00 charge is unfair. My attorney told me to "...suck it up and send the check." And I have. But my next company investment will be in a more understanding State.

I trust the above is satisfactory.

Sincerely,


H. Stanley Sofer
Managing Partner

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