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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1057000004363</u>					
1. Limited Liability Company's Name <u>XRoads Solutions Group, LLC</u>					
2. Principal Office Address <u>1821 East Dyer Road</u>		3. Mailing Office Address <u>1821 East Dyer Road</u>		4. State/Country of Formation <u>Delaware</u>	
Suite, Apt. #, etc. <u>Suite 225</u>		Suite, Apt. #, etc. <u>Suite 225</u>		5. Date Organized or Qualified To Do Business in Florida <u>08/03/2005</u>	
City & State <u>Santa Ana, CA</u>		City & State <u>Santa Ana, CA</u>		6. FEI Number <u>33-0749571</u>	
Zip <u>92705</u>	Country <u>USA</u>	Zip <u>92705</u>	Country <u>USA</u>	Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM</small>					

CR2EDM1 (8/05)

B. Name and Address of Current Registered Agent	
Name <u>CT Corporation Systems</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>	
Suite, Apt. #, Etc.	
City <u>Plantation</u>	State <u>FL</u>
	Zip Code <u>33324</u>

8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: [Signature] **SCOT FERRARO** Date: 10/12/06
 REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Simon Trust UDT 1/9/01</u>	<u>1921 E. Dyer Road, Ste.225</u>	<u>Santa Ana, CA 92705</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to submit this application as provided for in chapter 606, 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 606.406, 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: [Signature] Date: 10/12/06 Daytime Phone #: (949) 567-1612
 Typed or printed name of signing Managing Member/Manager: Donna I. Simon

FLJM - 9/05/03 CT System Online

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

XROADS SOLUTIONS GROUP, LLC

Certificate of Status	1
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Page Count	0 3
Estimated Charge	\$155.00

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October 16, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

XROADS SOLUTIONS GROUP, LLC
9 EXECUTIVE CIRCLE, SUITE 190
IRVINE, CA 92614

SUBJECT: XROADS SOLUTIONS GROUP, LLC
REF: M05000004303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

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