

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 25 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT # L00000003280

1. Limited Liability Company's Name

X-ADE Worldwide, LLC

400005179714--6

-04/01/02--01060--004

\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address

1371 S.W. 30<sup>TH</sup> Ave.

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

Zip

33442

Country

U.S.

3. Mailing Office Address

1371 S.W. 30<sup>TH</sup> Avenue

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/23/2000

6. FEI Number

65-0993193

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Barbara A. Patti

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

1371 S.W. 30<sup>TH</sup> Ave.

Suite, Apt. #, Etc.

City

Deerfield Beach FL

State

FL

Zip Code

33436

9. 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

Barbara A. Patti

REGISTERED AGENT MUST SIGN

Date 3.18.02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	James J. Patti	2311 N. Congress Ave #13	Boynton Bch, FL 33426
Secy	Anthony J. Vespucci	3616 Carlton Place	Boca Raton, FL 33496
V.Pres	Barbara A. Patti	4690 Palo Verde Dr	Boynton Bch, FL 33436

STATEMENT

01-02  
dca

11. 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

Barbara A. Patti

Date 3.18.02

Daytime Phone# 954-426-5189

Typed or printed name of signing Managing Member/Manager

BARBARA A. PATTI

CR2E041 (9/01)