

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000011882

1. Limited Liability Company's Name

Xenoplance.com LLC

2. Principal Office Address

7207 N. TALIAFERRO AVE

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip

33604

Country

USA

3. Mailing Office Address

P.O. Box 8359

Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

Zip

33674

Country

USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

9/29/2000

6. FEI Number

593674599

Applied For

No/L Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

RICK W. MYERS

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

7207 N. TALIAFERRO AVE

Suite, Apt. #, Etc.

800004688818-8

-11720701-01030-006

*****155.00 *****155.00

City

TAMPA

State

FL

Zip Code

33604

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

[Signature]

Date 11-4-01

REGISTERED AGENT MUST SIGN

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
MGR	RICK MYERS	7207 N. TALIAFERRO AVE	TAMPA FL 33604
MGR	LEWIS A. HAMILTON	7207 N. TALIAFERRO AVE	TAMPA FL 33604

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

[Signature]

Date 11-4-01 Daytime Phone

Typed or printed name of signing Managing Member/Manager RICK W. MYERS

CR2ED41 (9/01)