

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 NOV 14 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011882

Name and Mailing Address

0006562 01 FP 0.352 **PRSRT TO D 0615 33674-835959



XENOPACE.COM, LLC

P.O. BOX 8359

TAMPA FL 33674-8359

REINSTATEMENT 2002



2. New Mailing Address

3819 ANCIENT OAK TRAIL

City, State, Zip

PLANT CITY FL 33565

Principal Place of Business

7207 N. TALIAFERRO AVE.
TAMPA FL 33604

3. New Principal Place of Business Address

3819 ANCIENT OAK TRAIL

City, State, Zip

PLANT CITY FL 33565

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/29/2000

6. FEI Number

59-3674599

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

MYERS, RICK W
7207 N. TALIAFERRO AVE.
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

RICK MYERS

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

3819 ANCIENT OAK TRAIL

City

PLANT CITY

FL

Zip Code

33565

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

REGISTERED AGENT MUST SIGN

Date 11-9-02

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
MGR	MYERS, RICK	7207 N. TALIAFERRO 3819 ANCIENT OAK TRL	TAMPA FL 33604 PLANT CITY FL 33565
MGR	HAMILTON, LEWIS A	7207 N. TALIAFERRO AVE. 3819 ANCIENT OAK TRL	TAMPA FL 33604 PLANT CITY FL 33565

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11/14/02--01095--002 **155.00

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

11-9-02

Daytime Phone #

813 273 3864

Typed or printed name of signing Managing Member/Manager

Rick W. Myers

CR2E084 (8/02)