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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000866

Name and Mailing Address

0009753 01 AT 0.292 **AUTO T6 0 0615 33701-370335



XCALAK, L.L.C.
535 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3703



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/16/2001	
Principal Place of Business 535 CENTRAL AVENUE ST. PETERSBURG FL 33701	3. New Principal Place of Business Address	6. FEI Number 02-0556951	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG FL 33701		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		Date 10-29-03	
SIGNATURE REQUIRED		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
MGR	FLAHERTY, BARRY	535 CENTRAL AVENUE	ST. PETERSBURG FL 33701
			200024379432 11/03/03--01058--018 **150.00

CR2E064 (7/03)

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

[Signature]

Date 10-29-03

Daytime Phone # 727/823-4191

Typed or printed name of signing Managing Member/Manager