

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

04 JAN 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002744

Name and Mailing Address

0010202 01 AT 0.292 **AUTO T7 2 0615 33771-495799



XS HOLDINGS, LLC
6565 ULMERTON ROAD
LARGO FL 33771-4957



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6565 ULMERTON ROAD LARGO FL 33771		5. Date Organized or Quantified To Do Business in Florida 02/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3703562	
		Applied For Not Applicable	
		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 DRESLIN, DAVID G 13100 PARK BLVD., SUITE G SEMINOLE FL 33778		9. Name and Address of New Registered Agent Name Vincent Longo Street Address (P.O. Box Number is Not Acceptable) 6565 ULMERTON RD. LARGO City FL Zip Code 33771	
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 SIGNATURE REQUIRED Date Jan 15/04 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
MGRM	KOSTA DINO IBRAHIM	6565 ULMERTON ROAD	LARGO FL 33771
MGRM	LONGO, VINCE	6565 ULMERTON ROAD	LARGO FL 33771
MGRM	De MARTINI, RICHARD	6565 ULMERTON RD	LARGO, FL 33771

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 REQUIRED** Date Jan 15/04 Daytime Phone # 727 531-2010

Typed or printed name of signing Managing Member/Manager Vincent Longo

CR2E034 (7/03)