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7/2[illegible] 10:14 3[illegible]448 [illegible]RATS FERNANDEZ [illegible]

APPROVED AND FILED
PAGE 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JUL 22 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004432

1. Limited Liability Company's Name
X-POWERSPORTS L.L.C.

REINSTATEMENT 2002-2003

2. Principal Office Address	3. Mailing Office Address
7000 ISLAND BLVD.	7000 ISLAND BLVD.
Suite, Apt. #, etc. APT. 1807	Suite, Apt. #, etc. APT. 1807
City & State MIAMI - FLORIDA	City & State MIAMI - FLORIDA
Zip 33166 Country	Zip 33166 Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-1084974 ☐ 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 AREVALO, JORGE

Street Address (P.O. Box Number is Not Acceptable) 7000 ISLAND BLVD.

Suite, Apt. #, Etc. APT. 1807

City MIAMI State FL Zip Code 33166

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 July 11/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	AREVALO, JORGE	7000 ISLAND BLVD., APT. 1807	MIAMI - FLORIDA 33166

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 July 11/03 Daytime Phone # 305-466-4766.

Typed or printed name of signing Managing Member/Manager ____________________

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PRATS, FERNANDEZ & CO.
Account Number : I19980000078
Phone : (305)444-8333
Fax Number : (305)444-8334

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

X-POWERSPORTS L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$ 70.00