

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000013241

FILED
03 JAN 29 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013241
Name and Mailing Address

0005287 01 FP 0.352 **PRSR T6 0 0615 33764-672244
2XTECH LTD. CO.
2244 RIVERSIDE DR N
CLEARWATER FL 33764-6722



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2244 RIVERSIDE DR N CLEARWATER FL 33764		5. Date Organized or Qualified To Do Business in Florida 08/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3754709 Applied For Not Applicable	
8. Name and Address of Current Registered Agent WEST, JAMES P 2244 RIVERSIDE DR N CLEARWATER FL 33764		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		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 <u>James P West</u> Date <u>30 Dec 2002</u> 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
CEO	<u>MGRM Glenn A. Perry</u>	<u>5210 Casilla Way South</u>	<u>St. Petersburg, FL 33712</u>
			<u>700009785567</u> <u>01/29/03--01036--002 **150.00</u>
CFO	<u>MGRM JAMES P WEST</u>	<u>2244 RIVERSIDE DR N</u>	<u>CLEARWATER, FL 33764</u>
			<u>700009763567</u> <u>01/29/03--01080--003 **50.00</u>
REINSTATEMENT <u>02-03</u> <u>AL</u>			

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 James P West Date 30 Dec 2002 Daytime Phone # 877-531-6942

Typed or printed name of signing Managing Member/Manager JAMES P WEST