

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10: 22

DOCUMENT # L01000016225

1. Limited Liability Company's Name

XAVIER DEVELOPMENT LLC

700074663897
05/16/06--01029--003 **2551.00

CR2E041 (8/05)

2. Principal Office Address

1031 Ives Dairy Road

3. Mailing Office Address

1031 Ives Dairy Road

Suite, Apt. #, etc.

Suite 228

Suite, Apt. #, etc.

Suite 228

City & State

Miami, FL

City & State

Miami, FL

Zip

33179

Country

U.S.A.

Zip

33179

Country

U.S.A.

4. State/Country of Formation

Florida, Dade County

5. Date Organized or Qualified
To Do Business in Florida

9/20/2001

6. FEI Number

651144942

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

~~Murai Waldo Biondo & Moreno, P.A.~~ Murai Wald Biondo Moreno & Brochin, P.A.

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

~~900 Ingraham Building, 25 W.E. 2nd Avenue~~ 2 Alhambra Plaza, Penthouse 1B

Suite, Apt. #, Etc.

City

~~Miami~~ Coral Gables,

State

FL

Zip Code

~~33131~~ 33134

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

Cristen Echara Bore

Date

4/20/06

REGISTERED AGENT MUST SIGN

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
	Saul Hernandez	17555 MGR Colline Ave #2601	Miami, FL 33179

REINSTATEMENT 04-06

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 4/10/2006

Daytime Phone # 305-815-3195

Typed or printed name of signing Managing Member/Manager

SAUL HERNANDEZ