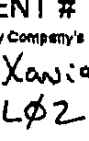


To: 'debb.

2005-10-13 15:36:21 (GMT)

NO. 3025 P. 1
Name: Kevin Dowd

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2005 OCT 17 P 3:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L020000037798			
1. Limited Liability Company's Name Xavier Advisors LLC L020000037798			
2. Principal Office Address 5254 NW 114th Ave Suite, Apt. #, etc. #104		3. Mailing Office Address 5254 NW 114th Ave Suite, Apt. #, etc. #104	
City & State Miami FL		City & State Miami FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. State/Country of Formation FL / USA		5. Date Organized or Qualified To Do Business in Florida 10/21/02	
6. FEI Number 51-0424009		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 Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 10/13/05	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
member	Kevin F Dowd	5254 NW 114th Ave #104	Miami, FL 33178
100060688281 10/17/05--01073--001 ***250			
AL REINSTATEMENT			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 603.405, 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 		Date 10/11/05	
Typed or printed name of signing Managing Member/Manager Kevin Dowd		Daytime Phone # 561-704-6392	

FILED

2005 OCT 17 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRF015 [04/02]