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 # L02000027798

1. Limited Liability Company's Name
Xavier Advisors LLC
L02000027798

2. Principal Office Address	3. Mailing Office Address
5254 NW 114th Ave	5254 NW 114th Ave
Suite, Apt. #, etc. #104	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 608, F.S.
Signature of Registered Agent: [signature] AST. V.P. Date: 10/13/05
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
MGRM	Kevin F Dowd	5254 NW 114TH AVE #104	Miami, FL 33178
			100060888281 10/17/05--01073--001 **250.00
	AL	REINSTATEMENT	03-05

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: 10/11/05 Daytime Phone #: 561-704-6392

Typed or printed name of signing Managing Member/Manager: Kevin Dowd