

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 PM 12:05

DOCUMENT # L03000032879

1. Entity Name
XP SOLUTIONS, LLC



Principal Place of Business
270 WAYMONT COURT
SUITE 110
LAKE MARY, FL 32746 US

Mailing Address
270 WAYMONT COURT
SUITE 110
LAKE MARY, FL 32746 US

2. Principal Place of Business
767 MUSAGO RUN
Suite, Apt. #, etc.

3. Mailing Address
767 MUSAGO RUN
Suite, Apt. #, etc.

City & State
LAKE MARY

City & State
LAKE MARY

Zip
32746 Country
US

Zip
32746 Country
US

01072005 REIN-LLC CR2E101 (6/04)

4. FEI Number
33-1090555

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MESHELL, JACQUES
7800 RED ROAD
SUITE 117-A
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name
ROSHANALI M. DAYA
Street Address (P.O. Box Number is Not Acceptable)
767 MUSAGO RUN
City
LAKE MARY FL Zip Code
32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 1-7-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSHANALI, DAYA M 270 WAYMONT COURT LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSHANALI, DAYA M. 767 MUSAGO RUN LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUMTAZ R. DAYA 767 MUSAGO RUN LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600044507598 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/11/05--01024--012 ***200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE 1-7-05 DAYTIME PHONE # 407-324-4816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE