

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000111932

1. Limited Liability Company's Name

Xclusive Living, LLC

300130927773
06/05/08--01048--007 **416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2905 Jordan Court		3. Mailing Office Address 2905 Jordan Court	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Alpharetta, GA		City & State Alpharetta, GA	
Zip 30004	Country U.S.	Zip 30004	Country U.S.

4. State/Country of Formation Florida/U.S.	
5. Date Organized or Qualified To Do Business in Florida 11/18/05	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Lawrance Roker			
Street Address (P.O. Box Number is Not Acceptable) 17546 31st. Rd. N			
Suite, Apt. #, Etc.			
City Loxahatchee	State FL	Zip Code 33470	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Lawrance Roker

Date 6/02/08

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
MngM	Chanel Roker	2905 Jordan Court	Alpharetta, GA 30004
MngM	Erick Roker	2905 Jordan Court	Alpharetta, GA 30004

REINSTATEMENT 2006-2008

FILED
JUN 12 PM 1:10
SECRETARY OF STATE
ALABAMA
TALLAHASSEE, FLORIDA

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 Erick Roker

Date 6/02/08

Daytime Phone # 954-881-9500

Typed or printed name of signing Managing Member/Manager Erick Roker