

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000004506

1. Limited Liability Company's Name

XIRTAM, LLC

07

FILED

09 JAN -7 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200139948662
01/08/09--01001--021 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3300 Corporate Avenue		3. Mailing Office Address 3300 Corporate Avenue	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33331-3504	Country USA	Zip 33331-3504	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-4099023	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Bruce Greenberg	
Street Address (P.O. Box Number is Not Acceptable) 3300 Corporate Avenue	
Suite, Apt. #, Etc. Suite 104	
City Weston	State FL
Zip Code 33331-3504	

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/7/09

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	Bruce Greenberg	3300 Corporate Avenue, Suite 104	Weston, Florida 33331-3504

REINSTATEMENT 2007-2008

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

Date 1/7/09

Daytime Phone# (954) 445-4140

Typed or printed name of signing Managing Member/Manager