

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 NOV 17 PM 1:46

DOCUMENT # L 07000105283

1. Limited Liability Company's Name

XINERGY, LLC

REINSTATEMENT 2008-09 Jan

900162842509  
11/16/09--01006--019 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

4318 SPINNAKER COVE LN

3. Mailing Office Address

4318 SPINNAKER COVE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

10/16/07

6. FEI Number

26-1274083

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

RICARDO ALEMAN

Street Address (P.O. Box Number is Not Acceptable)

4318 SPINNAKER COVE LN

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

☒ 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

[Signature]

Date

11/10/09

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
MANAGING DIRECTOR/MEMBER	CARLOS PONS	6407 YOSEMITE DR.	TAMPA, FL 33634
MANAGING DIRECTOR/MEMBER	RICARDO ALEMAN	4318 SPINNAKER COVE LN	TAMPA, FL 33615

11. E-mail Address: ricardo@premieroftampa.com

(To be used for future annual report notifications)

12. 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

11/10/09

Daytime Phone #

813-842-0915

Typed or printed name of signing Managing Member/Manager