

M05000001892

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LIMITED LIABILITY REINSTATEMENT
XROADS CASE MANAGEMENT SERVICES, LLC

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May 30, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

XROADS CASE MANAGEMENT SERVICES, LLC
9 EXECUTIVE CIRCLE, SUITE 190
IRVINE, CA 92614

SUBJECT: XROADS CASE MANAGEMENT SERVICES, LLC
REF: M05000001892

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000001842			
1. Limited Liability Company's Name XROADS CASE MANAGEMENT SERVICES, LLC			
2. Principal Office Address - No P.O. Box # 1821 E. Dyer Roads		3. Mailing Office Address 1821 E. Dyer Roads	
Suite, Apt. #, etc. Suite 225		Suite, Apt. #, etc. Suite 225	
City & State Santa Ana, CA		City & State Santa Ana, CA	
Zip 92705	Country USA	Zip 92705	Country USA
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 04/06/2005			
6. FRS Number 20-2557611		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation			
		State FL	Zip 33324
9. I, being appointed the registered agent of the above named limited liability company, are familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent: <u>M.T. Fitzpatrick</u> M.T. FITZPATRICK Date: MAY 24 2007 REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MdM	Dennie I. Simon	150 W 56th Street, Apt. 4301	New York, NY 10019
Mmbr	Joel M. Simon	35 Midwood Cross	Roslyn, NY 11576
REINSTATEMENT			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reasons for dissolution have been eliminated. The limited liability company name satisfies the requirements of Section 602.405, 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: <u>Joel M. Simon</u> Date: MAY 24 2007 Daytime Phone #: 949-567-1600 Typed or printed name of signing Managing Member/Manager: <u>member</u>			

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