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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED Oct 19, 2005 8:00 A.M. Secretary of State

DOCUMENT # P03000104660

1. Entity Name
XTRA ENTERPRISE, INC.



Principal Place of Business 911 WOODLEAF WAY TAMPA, FL 33613 US	Mailing Address 911 WOODLEAF WAY TAMPA, FL 33613 US
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2. Principal Place of Business 4400 HAVELOCKE DRIVE Suite, Apt. #, etc.	3. Mailing Address 4400 HAVELOCKE DRIVE Suite, Apt. #, etc.
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03042005 REIN-P CR2E098 (6/04)

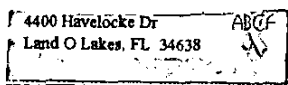
City & State LAND O LAKE, FL	City & State LAND O LAKE, FL	4. FEI Number 20-0243545	Applied For: Not Applicable
Zip 34638	Country PASCO	Zip 34638	Country PASCO

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

LISKO, DARLENE
911 WOODLEAF WAY
TAMPA, FL 33613

4400 Havelocke Dr
Land O Lakes, FL 34638



7. Name and Address of New Registered Agent

Name

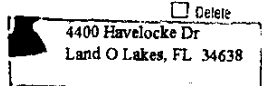
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

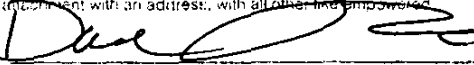
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00
See Attached Letter

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D, P LISKO, DARLENE 911 WOODLEAF WAY TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		800060772858	10/19/05--01044--012 ***308.75
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other individuals empowered.

SIGNATURE  10/17/2005 (813) 242-7971

10/11/05

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10-17-2005

To whom it may concern.

Enclosed please find a copy of
2005 FOR PROFIT CORPORATION
REINSTATEMENT FORM FOR
XTRA ENTERPRISE, INC (
DOCUMENT # P 03000104660)
Federal ID # 0243545
AS WELL AS CHECK IN THE
AMOUNT OF \$300.00 FOR YEAR
2004 & 2005.

I had missed deadline to file form
due to relocation of business
to 4400 Havelocke Drive
Land O Lake, FL 34638
therefore never received form to
renew.

ADD TO THIS I WAS IN AND
OUT OF HOSPITAL FOR CANCER
TREATMENT TO EFFECTIVELY
ATTENDING ALL MY BUSINESS MATTERS

Therefore, I am humbly ASK
TO WAIVE late filing fee.

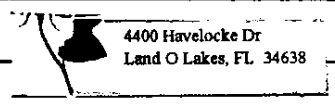
Thank you for your consideration
in this matter and if you
have any questions,
please reach me at
(813) 242-7971.

Sincerely,

David [Signature]

DAVID LISKI
PRESIDENT, XTRA ENT INC

P.S. Please charge CORPORATION Address
to



Thank you for your consideration in
this matter