PLEASE READ	ALL INSTRUCTIONS BEFORE	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED: AND FILED
DOCUMENT # 198000C		99 DEC 27 PM 2: 07
1. Corporation Name X L INVESTMEN	TS, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
5085 EAST MA DELRAY BEACH If above addresses are incorrect in any way, line thro	FC 33484	v.
2. New Principal Office Address, If Applicable 5085 EAST MAGEWAN WAY	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 6 19 98
Suite, Apt. #, etc. NoNE City & State	Suite, Apt. #, etc. City & State	5. FEI Number Applied For
DELRAY BCH. F-	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list a	
Title(s) Name of Officers and/or Directors	Street Address of E Officer and/or Dire 3 (Do NOT Use Post Office B	ector City / State / Zip
P/T/D KEVORK AYVAT	YAN 5085 EAST MAC	LELLAND MIN DELNAM ROLL EL 234QUE
1.1.		
1/3/D ARAKSI AYVATY	1 AN 50 BS EAST MAG	ELLAN WAY DELRAY BCH, FL 33484
REINSTATE	99	5000030954452 -01/12/00-01010-000
LIFT 16.5 de la gray	5 2 0x2 8 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	****750.00 ****750.00 500003095445-2 -01/12/00-009
8. Name and Address of Current R	egistered Agent Name	*************************************
ARAKSI AVUAT		RAKSI AYVATYAN ss (P.O. Box Number is Noj Acceptable)
ARAKSI AYUATI Cha	rel add rest to: Suite, Apt. #.	85 EAST MAGELLAN WAY
	City D	RAY BCH State Zip Code FL 23 484
10. I, being appointed the registered agent of the abovi		
Signature of Registered Agent REG	GISTERED AGENT MUST SIGN	Date 12/23/99
11. Does this corporation pay ar Dept. of Revenue under S. 1		S No (See other side for information on intangible tax.)
this reinstatement application, the reason for dissolu	ution has been eliminated, the corporate name satisf imes of individuals listed on this form do not qualify	as provided for in chapter 607 or 617, F.S. I further certify that when filing ries the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i). F.S. The information indicated ider oath.