
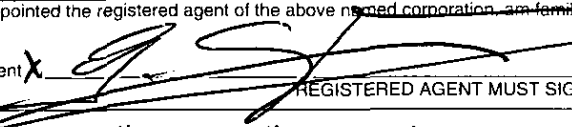



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV -9 AM 10:21	
DOCUMENT # P98000056390					
1. Corporation Name XL INVESTMENTS, INC					
Principal Place of Business		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 20916 Avenel Run		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1-1-98	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. FEI Number 65-0969760	
City & State BOCA RATON, FL		City & State		Applied For Not Applicable	
Zip 33428 Country USA		Zip		Country	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Additional Fee required for Certificate of Status \$8.75	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
PTD	AYVATYAN, KEVORK	20916 AVENEL RUN	BOCA RATON, FL 33428		
VSD	AYVATYAN, ARAKSI	20916 AVENEL RUN	BOCA RATON, FL 33428		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
AYVATYAN, ARAKSI 20916 AVENEL RUN BOCA RATON, FL 33428		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CP2E08 (12/98)

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Carl F. Fisher III

CERTIFIED PUBLIC ACCOUNTANT
8061 WEST MCNAB ROAD
TAMARAC, FLORIDA 33321
TEL: (954) 742-0909
FAX: (954) 724-9963

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

November 7, 2000

RE: XL Investments, Inc.
TIN # 65-0969760
Uniform Business Report 2000

To whom it may concern:

I am writing on behalf of our client XL Investments, Inc. who recently learned the company has been dissolved on September 22, 2000. The report was filed in a timely manner with a check for \$150.00. We placed a call to your office on November 6, 2000 and we were informed that the report was returned due to a missing Tax I.D. number. Unfortunately, our client has not recieved the report back from you due to a change of address, so he was unaware that there was any problem. We have enclosed a check for \$600.00 for the late fee to have the company reinstated.

At this time we would also like to request that XL Investments, Inc. be refunded the \$600.00 because we feel the original was filed in a timely manner. Your consideration to their request would greatly be appreciated.

Thanking you in advance for your prompt attention in this matter.

Sincerely,



Deborah F. Murano
for the firm