

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AND

APPROVED
FILED

02 NOV 20 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

L91000000009

DOCUMENT # L91000000009
1. Limited Liability Company's Name

EUROINSIGHT, L.C.

2. Principal Office Address 125 Rockingham Road Suite, Apt. #, etc.		3. Mailing Office Address same as office address Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State	
Zip 33458	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/2/1997	
6. FEI Number 650716690	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Robert W. Federspiel		
Street Address (P.O. Box Number is Not Acceptable) 151 NW 1st Avenue		
Suite, Apt. #, Etc.		
City Delray Beach	State FL	Zip Code 33444

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 11-14-02
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
MGRM	ALEX S. OPRESCU	125 Rockingham Road	Jupiter, FL 33458
MGRM	GUNTHER GRAF	125 Rockingham Road	Jupiter, FL 33458

REINSTATEMENT 2002

11. 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 Nov 10, 02 Daytime Phone # 561.624.0171
Typed or printed name of signing Managing Member/Manager Alex S. Oprescu

CR2E041 (9/01)