


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 00 NOV 27 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>mf</i>	
<b>DOCUMENT #</b> <u>L98000001180</u>				
<b>1. Limited Liability Company's Name</b> <u>Commsulnet L.L.C.</u>				
<b>2. Principal Office Address</b> <u>5229 SW 140 PL</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>Primo Delgado #2</u> <small>Suite, Apt. #, etc.</small>		
<b>City &amp; State</b> <u>Miami, Florida</u>		<b>City &amp; State</b> <u>Adjuntas, Puerto Rico</u>		
<b>Zip</b> <u>33175</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>00601</u>	<b>Country</b> <u>USA</u>	
<b>4. State/Country of Formation</b> <u>Florida USA</u>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>7/15/98</u>		
<b>6. FEI Number</b> <u>L98000001180</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>		
<b>8. Name and Address of Current Registered Agent</b>				
<b>Name</b> <u>Eduardo Garcia</u>				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>5229 SW 140 PL</u>				
<b>Suite, Apt. #, Etc.</b> 				
<b>City</b> <u>Miami</u>		<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33175</u>	
<b>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.</b>				
<b>Signature of Registered Agent</b> <u>Eduardo Garcia</u>		<b>Date</b> <u>11/22/00</u>		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>10. Names and Street Addresses of Managing Members/Managers</b>				
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>	
<u>MGRM</u>	<u>Eduardo Garcia</u>	<u>5229 SW 140 PL</u>	<u>Miami, FL 33175</u>	
<b>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.</b>				
<b>Signature of Managing Member/Manager</b> <u>Eduardo Garcia</u>		<b>Date</b> <u>11/22/00</u>		
<b>Typed or printed name of signing Managing Member/Manager</b> <u>Eduardo Garcia</u>		<b>Daytime Phone #</b> <u>(809)938-5151</u>		

CR2E041 (9/99)