


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 01 OCT -9 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA  000004638710--6 -10/17/01--01002--032 ***758.75 ***758.75	
<b>DOCUMENT # F98 000005335</b>					
<b>1. Corporation Name</b> EXENET TECHNOLOGIES, INC.					
<b>2. Principal Office Address</b> 387 PARK AVE. SOUTH Suite, Apt. #, etc. 4 <sup>th</sup> FLOOR City & State NEW YORK, NY Zip 10016		<b>3. Mailing Office Address</b> 387 PARK AVE. SOUTH Suite, Apt. #, etc. 4 <sup>th</sup> FLOOR City & State NEW YORK, NY Zip 10016		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>  <b>5. FEI Number</b> 13-3942242 Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
<b>7. Name and Address of Current Registered Agent</b>					
Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. Suite, Apt. #, Etc. SUITE 508 City MIAMI					
				State FL	Zip Code 33156-0000
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b> Signature of Registered Agent <u>Michael Barr, President</u> Date <u>10/5/01</u> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
CEO	NEGAHBANI, SOHEIL	387 PARK AVE. SOUTH	NEW YORK, NY 10016		
COO	CINALI, UMIT	387 PARK AVE. SOUTH	NEW YORK, NY 10016		
CFO	NAWY, ROBERT	387 PARK AVE. SOUTH	NEW YORK, NY 10016		
<b>REINSTATEMENT</b>					
<b>10. 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.</b> SIGNATURE: <u>John Vogel</u> CEO Date <u>10/01/01</u> Daytime Phone # <u>212-684-7300</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (8/00)