


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 000000004940					
1. Limited Liability Company's Name Point Tech L.L.C					
2. Principal Office Address 1594 SW St Andrews Dr.			3. Mailing Office Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Palm City			City & State		
Zip FL	Country USA	Zip 34990	Country		

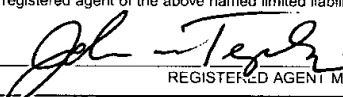
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

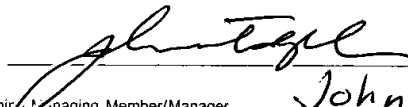
4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/1/00	
6.	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name John M. Tepley	700004761857-7 -01/09/02--01029--011 ****150.00 ****150.00
Street Address (P.O. Box Number is Not Acceptable) 1594 SW St. Andrews Drive	
Suite, Apt. #, Etc.	
City Palm City	State FL
	Zip Code 34990

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 	Date 12-31-01
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
Pres.	John Tepley	1594 SW St. Andrews Dr	Palm City FL 34990

REINSTATEMENT 

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 	Date 12-31-01
Daytime Phone # 5612210320	
Typed or printed name of signing Managing Member/Manager John M. Tepley	

CR2E041 (8/01)