


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

0001 LLC
CORPORATION
REINSTATEMENT
 UBR



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -6 PM 1:05

DOCUMENT # L00000006442

1. Corporation Name
 I.F. MULTICULTURAL INTERACTIVE
 SOLUTIONS, LLC

2. Principal Office Address #444 J 1101 Brickell Ave Suite, Apt. #, etc. Suite 300 - North Tower City & State Miami, FL 33131 Zip 33131 Country USA		3. Mailing Office Address 1101 Brickell Avenue Suite, Apt. #, etc. Suite 300 - North Tower City & State Miami, FL Zip 33131 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 06/02/00

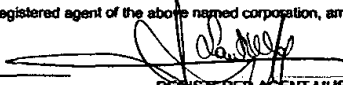
5. FEI Number 65-1022142
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Xavier Santillan
 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue
 Suite, Apt. #, Etc.: Suite 300 - North
 City: Miami
 State: FL Zip Code: 33131

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.

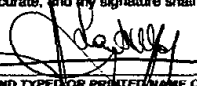
Signature of Registered Agent: 
 REGISTERED AGENT MUST SIGN
 Date: 10-26-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MAN PERSON	In-Service Corp	1101 Brickell Ave - 300 North	Miami, FL 33131

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 *****50.00 *****50.00

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)(f), 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: 305-377-0390
 Daytime Phone #

CR2001 (8/00)



I.F. Multicultural Interactive Solutions

**1101 Brickell Avenue
Suite 300, North Tower
Miami, FL 33131**

Phone: 305-377-0390 - Fax: 305-374-0216

October 26, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs:

Enclosed please find our request for Corporate Reinstatement and payment in the amount of \$150.00. We request that the reinstatement fee of \$600.00 be waived as this is our first Uniform Business Report and the application for renewal was not received from the Secretary of State. I have been informed that the original was mailed to our prior address (888 Brickell Avenue, Suite 600, Miami, FL 33131). We have filed forwarding information with the US Postal Service, however the form was not received at our new location.

Cordially,



Xavier Santillan
Registered Agent