


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L000000012014</u>					
1. Limited Liability Company's Name <u>CARE NETPASS, L.L.C.</u>					
2. Principal Office Address <u>821 SW 176 Ave</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>821 SW 176 Ave</u> Suite, Apt. #, etc.		
City & State <u>PEMBROKE PINES, FL</u>			City & State <u>PEMBROKE PINES, FL</u>		
Zip <u>33029</u>	Country <u>U.S.A.</u>	Zip <u>33029</u>	Country <u>U.S.A.</u>		

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. State/Country of Formation <u>FLORIDA USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>10/03/2000</u>	
6. FEI Number <u>65-1048474</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <u>Isabelle Diaz</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>821 SW 176 Ave.</u>		
Suite, Apt. #, Etc.		
City <u>PEMBROKE PINES</u>	State <u>FL</u>	Zip Code <u>33029</u>

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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 <u>Isabelle Diaz</u>	Date <u>2-04-02</u>
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
<u>PPS</u>	<u>ISABELLE DIAZ</u>	<u>821 SW 176 Ave</u>	<u>PEMBROKE PINES, FL 33029</u>
<u>PPS</u>	<u>ROSA DE LA TORRE</u>	<u>10261 SW 58 ST.</u>	<u>MIAMI, FL. 33173</u>
<u>PPS</u>	<u>RICARDO REGALADO</u>	<u>1712 SW 103 PLACE</u>	<u>MIAMI, FL. 33165</u>

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 <u>Isabelle Diaz</u>	Date <u>2/20/02</u> Daytime Phone # <u>(305) 389-2018</u>
Typed or printed name of signing Managing Member/Manager <u>ISABELLE DIAZ</u>	

CR2E041 (9/99)