

FILED

02 JAN -7 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000012981

1. Limited Liability Company's Name

Ditec America, LLC

REINSTATEMENT

2001-  
2002

|                                                                                                                                                      |  |                                                                                                                                                          |  |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 2. Principal Office Address<br>2601 S. Bayshore Drive<br>Suite, Apt. #, etc.<br>#600<br>City & State<br>Miami, FL<br>Zip<br>33133<br>Country<br>U.S. |  | 3. Mailing Office Address<br>3109 Stirling Road<br>Suite, Apt. #, etc.<br>#203<br>City & State<br>Fort Lauderdale, FL<br>Zip<br>33312<br>Country<br>U.S. |  | 4. State/Country of Formation<br>10/24/2000              |  |
|                                                                                                                                                      |  |                                                                                                                                                          |  | 5. Date Organized or Qualified To Do Business in Florida |  |
|                                                                                                                                                      |  |                                                                                                                                                          |  | 6. FEI Number<br>522275980                               |  |
|                                                                                                                                                      |  |                                                                                                                                                          |  | Applied For<br>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  
HEF Registered Agent Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
2601 S. Bayshore Dr.  
Suite, Apt. #, Etc.  
#600  
City  
Miami  
State  
FL  
Zip Code  
33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of  
Registered Agent

Arthur J. Fina

REGISTERED AGENT MUST SIGN

Date 1/4/2002

CRZ0418 (2000)

## 10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip        |
|--------|--------------------------------------|---------------------------------------------------|---------------------------|
| M      | Paolo Coen                           | 3109 Stirling Road                                | Fort Lauderdale, FL 33312 |
|        |                                      |                                                   |                           |
|        |                                      |                                                   |                           |
|        |                                      |                                                   |                           |
|        |                                      |                                                   |                           |
|        |                                      |                                                   |                           |
|        |                                      |                                                   |                           |

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 605.408, 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

Paolo Coen

Date 1/3/2002

Daytime Phone# (305) 859-7700

Typed or printed name of signing Managing Member/Manager

Paolo Coen

2062



ACCOUNT NO. : 072100000032

REFERENCE : 615975 11654A

AUTHORIZATION : Patricia Pizote

COST LIMIT : \$ 200.00

ORDER DATE : January 7, 2002

ORDER TIME : 11:14 AM

ORDER NO. : 615975-005

CUSTOMER NO: 11654A

CUSTOMER: Ms. Maria Acosta  
Hef Registered Agent Corp.  
2601 South Bayshore Drive  
Suite 600  
Miami, FL 33133

DOMESTIC FILINGS

NAME: DITEC AMERICA, LLC

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_