

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 FEB 11 PM 12:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011071  
Name and Mailing Address

0015580 01 MB 0.309 \*\*AUTO T8 0 0615 19801-259856



INFOCOM L.L.C.  
AMERICAN INCORPORATORS LTD.  
1220 N. MARKET STREET, SUITE 606  
WILMINGTON DE 19801-2598



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/06/2001	
Principal Place of Business AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 606 WILMINGTON DE 19801	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For <input checked="" 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 FLORIDA FILING & SEARCH SERVICES, INC. 1333 DUVAL STREET TALLAHASSEE FL 32302	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 P. D. S. [Signature] Date 2/10/04  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EURO-AMEX EXCHANGE, INC.	CUBA AVE. & 34TH ST./EAST BLDG #34/20	PANAMA CITY 5 PANAMA
MGRM	SATURN INVESTMENT GROUP, S.A.	CUBA AVE. & 34TH ST./EAST BLDG #34/20	PANAMA CITY 5 PANAMA
			100028536111
REINSTATEMENT 2003-04			

12. 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 [Signature] Date 1/7/04 Daytime Phone # 302-421-5752

Typed or printed name of signing Managing Member/Manager

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 02-10-04

NAME: INFOCOM, LLC

TYPE OF FILING: 2004 UBR

COST: <sup>200.</sup>~~\$100~~

*Ok Per Paul  
2/12*

RETURN:

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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