

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000011433**

1. DOCUMENT # L01000011433

Name and Mailing Address

0001330 01 FP 0.352 \*\*PRSR T5 0 0615 33029-544807

INTEGRATED COMPUTER SERVICES, LLC  
307 SOUTHWEST 191ST TERRACE  
PEMBROKE PINES FL 33029-5448

02 NOV -4 AM 10:15



**REINSTATEMENT 2002**

<b>2. New Mailing Address</b> City, State, Zip: _____		<b>4. State/Country of Formation</b> FL																													
<b>3. New Principal Place of Business Address</b> Principal Place of Business 307 SOUTHWEST 191ST TERRACE PEMBROKE PINES FL 33029 City, State, Zip: _____		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/13/2001																													
<b>6. FEI Number</b> 651121603		Applied For Not Applicable																													
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																													
<b>8. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 S.W. 22 STREET, 4TH FL MIAMI FL 33145		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 600008790686 11/04/02--01093--021 **150.00 City <b>FL</b> Zip Code																													
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date <u>10/29/02</u> REGISTERED AGENT MUST SIGN																															
<b>11. Names and Street Addresses of Each Managing Member/Manager</b> <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>HUNTER, KEVIN A</td> <td>307 S.W. 191ST TERRACE</td> <td>PEMBROKE PINES FL</td> </tr> <tr> <td>MGRM</td> <td>INTEGRATE COMPUTER SYSTEMS LTD</td> <td>1 E BRAEMAR AVENUE</td> <td>KINGSTON 10, JAMAICA WEST</td> </tr> <tr> <td>MGRM</td> <td>ICS 2000 LIMITED</td> <td>1 E BRAEMAR AVENUE 26 TRAFALGAR ROAD</td> <td>KINGSTON 10, JAMAICA WEST</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	HUNTER, KEVIN A	307 S.W. 191ST TERRACE	PEMBROKE PINES FL	MGRM	INTEGRATE COMPUTER SYSTEMS LTD	1 E BRAEMAR AVENUE	KINGSTON 10, JAMAICA WEST	MGRM	ICS 2000 LIMITED	1 E BRAEMAR AVENUE 26 TRAFALGAR ROAD	KINGSTON 10, JAMAICA WEST												
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**REINSTATEMENT 2002**

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 10/29/2002 Daytime Phone # 954 437 3458

Typed or printed name of signing Managing Member/Manager KEVIN A HUNTER

CR2E084 (8/02)