

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

**L01000013521**

02 OCT 31 PH 2:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

1. DOCUMENT # L01000013521

Name and Mailing Address

0010315 01 FP 0.352 \*\*PRSRT H7 0 0615 33914-533122



NEOMETACOM, L.L.C.  
3622 SOUTHWEST 7TH PLACE  
CAPE CORAL FL 33914-5331



10/31 2002

2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3622 SOUTHWEST 7TH PLACE CAPE CORAL FL 33914		5. Date Organized or Qualified To Do Business in Florida 08/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1130716	
		Applied For 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  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 By: <u>Natalia Utrera</u> Date <u>10/30/02</u> Natalia Utrera, Vice President			
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
MGR	SANTANA, ALEXANDER	3622 SOUTHWEST 7TH PLACE	CAPE CORAL FL 33914
MGR	RECA, SHAWN O	3622 SOUTHWEST 7TH PLACE	CAPE CORAL FL 33914
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CR2E084 (8/02)

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 Alex Santana Date 10/25/2002 Daytime Phone # 239-822-7627

Typed or printed name of signing Managing Member/Manager ALEX SANTANA