


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

1 of 2

2002-2003 APPLICATION FOR REINSTATEMENT **LLC UBR**

 FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

AND FILED

03 FEB 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020156

Name and Mailing Address

0003669 01 FP 0.352 \*\*PRSRT T1 0 0615 33331-503539  
L01000020156

LATIN \*, L.L.C.  
4039 PALM PLACE 1000 Brickell Ave #420  
WESTON FL 33331-5035 MIAMI, FL 33331



2. New Mailing Address 1150 NW 72nd Ave #555 City: State: Zip Miami FL 33125		4. State/Country of Formation FL	
Principal Place of Business 4039 PALM PLACE WESTON FL 33331		5. Date Organized or Qualified To Do Business in Florida 11/16/2001	
3. New Principal Place of Business Address 1000 Brickell Ave #420 City, State, Zip Miami FL 33331		6. FEI Number 65-1087287 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 CASTILLO, ALBERTO 4039 PALM PLACE WESTON FL 33331	9. Name and Address of New Registered Agent Name Street 200011877622 02/05/03--01031--009 ***100.00 City FL Zip 33331
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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 [Signature] Date \_\_\_\_\_

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
MEM	Convergint of America	4039 Palm Pl.	Weston, FL 33331
MEM	Intermap Systems LLC	1000 Brickell Ave #420	Miami FL 33131

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 2/1/03 Daytime Phone # 305-994-7133

Typed or printed name of signing Managing Member/Manager Alfio Lanzafame

CFE084 (8/02)

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**LATIN\*, L.L.C.**  
**1150 N.W. 72nd Avenue Suite 555**  
**Miami, Florida, 33126**

February 1, 2003

State of Florida,  
Department of State  
Uniform Business Report Filings  
~~P.O. Box 6327~~  
Tallahassee, Fl. 32314

Re: Annual Report  
Document # L01000020156

Gentlemen:

We have received notification from your office of the dissolution of our Limited Liability Company due to nonpayment of the annual report for the year 2002.

According to our records, we mailed the annual report on April 1, 2002 with a check for \$50.00 which apparently never reached your office.


We did not receive any other reminder until this now that we find out our company is not active.

In view of the above, we are attaching herewith the reinstatement application with a check for \$100.00 covering the years 2002 and 2003 and we are asking that the penalties be abated since it was not our fault that the original document never reached your office.

Thank you for your assistance in this matter.

Very truly yours,

**LATIN \* L.L.C.**

  
**Anzio Lanzafame**  
**Manager**