

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
L01000021371

FILED
02 DEC -6 AM 11:47

1. DOCUMENT # L01000021371

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0002847 01 FP 0.352 **PRSR T9 0 0615 33174-25204

800009404888
12/06/02--01094--009 **150.00

FORGE NETWORKS, LLC
1405 S.W. 107TH AVE.
#201D
MIAMI FL 33174-2520



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|---|--|--|--|
| 2. New Mailing Address 1321 SW 107 AVE #201B City, State, Zip MIAMI FL 33174 | | 4. State/Country of Formation FL | |
| Principal Place of Business 1405 S.W. 107TH AVE. #201D MIAMI FL 33174 | | 3. New Principal Place of Business Address 1321 SW 107 AVE #201B City, State, Zip MIAMI, FL 33174 | 5. Date Organized or Qualified To Do Business in Florida 12/11/2001 |
| | | 6. FEI Number 65-1158987 | 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 KNOBEL, DAVID 1405 S.W. 107TH AVE. #201D MIAMI FL 33174 | 9. Name and Address of New Registered Agent Name: David Knobel Street Address (P.O. Box Number is Not Acceptable): 1321 SW 107 AVE #201B City: MIAMI FL Zip Code: 33174 |
|---|--|

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: 12-4-02
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 |
| D | Joseph Vega | 1321 SW 107 AVE, #201B | MIAMI FL 33174 |
| D | David Knobel | 1321 SW 107 AVE SUITE 201B | MIAMI, FL 33174 |
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REINSTATEMENT 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: *[Signature]* Date: 12/4/2002 Daytime Phone #: 305-553-6065
Typed or printed name of signing Managing Member/Manager: Joseph Vega

CFR2E084 (8/02)