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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORENCE DEPARTMENT OF REVENUE  
 1000 N. GULF BLVD., SUITE 100  
 CORAL SPRINGS, FL 33076-2252

02000004349  
 03 DEC 29 AM 11:50

1. DOCUMENT # L02000004349

Name and Mailing Address

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UNIGRAPHICS L.A., LLC

4600 A CORAL RIDGE DRIVE

CORAL SPRINGS FL 33076-2252



REINSTATEMENT 2003

2. New Mailing Address 9777 WESTVIEW DRIVE, APT. 1117		4. State/Country of Formation FL	
City, State, Zip CORAL SPRINGS, FLORIDA 33076		5. Date Organized or Qualified To Do Business in Florida 02/22/2002	
Principal Place of Business 4600 A CORAL RIDGE DRIVE CORAL SPRINGS FL 33067	3. New Principal Place of Business Address 9777 WESTVIEW DRIVE, APT 1117	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip CORAL SPRINGS, FL 33076		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  HATTON, DAVID L 2250 S.W. 3RD AVE., 5TH FLOOR MIAMI FL 33129		9. Name and Address of New Registered Agent Name DAVID L. HATTON Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE SUITE 1150 City CORAL GABLES FL Zip Code 33134	
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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 DAVID L. HATTON Date 11/17/03

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
MGR	FUENMAYOR, CARLOS F	<del>11281 HERON BAY BLVD., UNIT 9910</del> 9777 WESTVIEW DRIVE, APT 1117	CORAL SPRINGS FL <del>33076</del> 33076
			700025813727 12/29/03--01050--020 **450.00

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 REQUIRED Date 11-26-03 Daytime Phone # 305-858-0220

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)