

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS

L02000004349

03 DEC 29 AM 11:51

LA 01/08/04

1. DOCUMENT # L02000004349

Name and Mailing Address

0005557 01 AT 0.292 **AUTO T2 3 0615 33076-225200



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

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]* **SIGNATURE REQUIRED** 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	11281 HERON BAY BLVD., UNIT 9910 9777 WESTVIEW DRIVE, APT 1117	CORAL SPRINGS FL 33076 33076
			700025813727 12/29/03--01050--020 **450.00

REINSTATEMENT 2003

12. I certify that I am managing member, manager of 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]* **SIGNATURE REQUIRED** Date 11-26-03 Daytime Phone # 305-858-0220

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)