

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1062
03 OCT 27 PM 2:16
W10/31

1. DOCUMENT # L02000016674
Name and Mailing Address

0005860 01 AT 0.292 **AUTO T3 0 0615 33132-119527
MGT INVESTMENTS LLC
1717 N. BAYSHORE DRIVE, SUITE 102
MIAMI FL 33132-1195

REINSTATEMENT 2003



2. New Mailing Address 1717 N. Bayshore Drive Suite 215 City, State, Zip Miami, FL 33132		4. State/Country of Formation FL
Principal Place of Business 1717 N. BAYSHORE DRIVE, SUITE 102 MIAMI FL 33132		5. Date Organized or Qualified To Do Business in Florida 07/02/2002
3. New Principal Place of Business Address 1717 N. Bayshore Dr. Suite 215 City, State, Zip Miami, FL 33132		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 BEDARD, DENNIS R 1717 N. BAYSHORE DRIVE, SUITE 102 MIAMI FL 33132	9. Name and Address of New Registered Agent Name: Dennis R. Bedard Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore Drive Suite 215 City: Miami FL 33132
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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: Oct. 23/02

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
H6RM	BEDARD, DENNIS R	1717 N. BAYSHORE DR. SUITE 215	MIAMI, FL 33132
REINSTATEMENT 2003			
600024165706 10/27/03--01056--005 **300.00			

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] Date: Oct. 23/03 Daytime Phone #: 305 530 0795

Typed or printed name of signing Managing Member/Manager: DENNIS R. BEDARD

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DENNIS R. BEDARD

ATTORNEY AT LAW

SUITE 102

1717 N. BAYSHORE DR.

MIAMI, FLORIDA 33132

TEL (305) 530-0795

FAX (305) 530-9587

E-MAIL: DBLAW@worldnet.att.net

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:16

Division of Corporations
Registration Section
PO Box 6327
Tallahassee FL 32314-6327

October 23, 2003

Re: CONTRACT AUDIT & MANAGEMENT SERVICES, LLC
Document # L02000031621

Re: KEVINALLYSA, LLC
Document # L01000020226

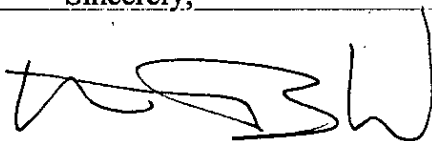
Re: MGT INVESTMENTS, LLC
Document # L02000016674

Re: A-1 Corporation of America
Document # K12171

Dear Sirs,

I am the registered agent for the above companies. Yesterday I received an Application for Reinstatement for each via mail. This is the first correspondence that I have received for any of these four companies. As per discussion with your office this morning, they have advised that it is only necessary to submit the annual report fee of \$50.00 for the Limited Liability Company's and \$150 for the Corporation. Enclosed please find the completed reinstatements and a check for \$300 to cover said fees. If you have any questions, please don't hesitate to contact me. Thanking you in advance for your assistance with this matter.

Sincerely,



Dennis R. Bedard
AB/