

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L02000025241

Name and Mailing Address

0006881 01 AT 0.292 **AUTO T6 0 D615 33160-425299



IA MODULES, LLC
16900 N BAY RD
APART 901 BLDG 3
SUNNY ISLES FL 33160-4252



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/26/2002	
Principal Place of Business 16900 N BAY RD APART 901 BLDG 3 SUNNY ISLES FL 33160	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 743062799	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131	9. Name and Address of New Registered Agent Name Neil Upfalow Street Address (P.O. Box Number is Not Acceptable) 16900 N Bay Rd. suite 901-3 City Sunny Isles FL Zip Code 33160
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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 Neil Upfalow **SIGNATURE REQUIRED** Date 12/26/2003
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
President	Neil Upfalow	16900 N. Bay Rd. suite 901-3	Sunny Isles FL 33160

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 Neil Upfalow **SIGNATURE REQUIRED** Date 12/26/2003 Daytime Phone # 786 208 3414
Typed or printed name of signing Managing Member/Manager Neil Upfalow

CR2E034 (7/03)