L99000003610

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003610

REINSTATEMENT 2000-2002

1. Limited Liability Company's Name
QVision, LLC

2. Principal Office Address	3. Mailing Office Address
111 N.E. 1 Street	111 N.E. 1 Street
Suite, Apt. #, etc.: 4th Floor	Suite, Apt. #, etc.: 4th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33132-9081 Country: U.S.	Zip: 33132-9081 Country: U.S.

4. State/Country of Formation: FL / U.S.

5. Date Organized or Qualified To Do Business in Florida: 6/18/1999

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Haas A. Hatic, Esq.
Greenspoon, Marder, Hirschfeld, Rafkin, Ross & Berger, P.A.

Street Address (P.O. Box Number is Not Acceptable): 100 W. Cypress Creek Road

Suite, Apt. #, Etc.: Suite 700

City: Fort Lauderdale, State: FL Zip Code: 33309

9. 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: Haas A. Hatic Date: 05.21.02
REGISTERED AGENT MUST SIGN

G02041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William J. Kelly	111 N.E. 1 St., 4th Flr.	Miami, FL 33132-9081
MGR	Ariel I. Quiros	111 N.E. 1 St., 4th Flr.	Miami, FL 33132-9081

11. 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: W Kelly Date: 5/15/02 Daytime Phone#: 305-579-9081

Typed or printed name of signing Managing Member/Manager: William J. Kelly

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