

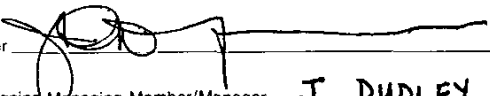


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M96000000046			
1. Limited Liability Company's Name PINPOINT COMMUNICATIONS L.L.C.			
2. Principal Office Address 2151 W. HILLSBORO BLVD. Suite, Apt. #, etc. SUITE 202 City & State DEERFIELD BEACH, FL Zip 33442 Country U.S.A.		3. Mailing Office Address 2151 W. HILLSBORO BLVD. Suite, Apt. #, etc. SUITE 202 City & State DEERFIELD BEACH, FL Zip 33442 Country U.S.A.	
		4. State/Country of Formation ILLINOIS, U.S.A.	
		5. Date Organized or Qualified To Do Business in Florida 02/13/96	
		6. FEI Number 364039131	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			
Name J. DUDLEY DAVENPORT			
Street Address (P.O. Box Number is Not Acceptable) 2151 W. HILLSBORO BLVD.			
Suite, Apt. #, Etc. SUITE 202			
City DEERFIELD BEACH		State FL	Zip Code 33442
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 		Date 12/26/00	
REGISTERED AGENT MUST SIGN			
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	J. DUDLEY DAVENPORT	2151 W. HILLSBORO BLVD SUITE 202	DEERFIELD BEACH, FL 33442
MGR	WILLIAM J. CLARK	113 HILLSIDE CIRCLE	VILLANOVA, PA 19085
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 		Date 12/26/00	Daytime Phone # 954.574.0601
Typed or printed name of signing Managing Member/Manager		J. DUDLEY DAVENPORT	

FILED

00 DEC 29 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-2000

CR2E041 (9/99)