EOR BEINSTATEMENT	FLORIDA DEPARTMEN DIVISION OF CORPOR		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 00000	048732	20) R	01 NOV -2 AM 9: 56
Address 1460 Brickell Avenue, Miami, Florida 33131	Principal Place of Business Suite 303		
If above addresses are incorrect in any way, line the New Mailing Address, If Applicable Suite, Apt. #, etc.	ough incorrect information and enter of 3. New Principal Office Address, It Suite, Apt. #, etc.	Applicable 4. Date Incorp. To Do Busin 5. FEI Number	, in the second
City & State Country	City & State Zip Country	65-10 6.	22644 Not Applicable FOR STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and Title(s) Name of Officers and/or Directors	Stre Off 3 (Do NOT Us	tions must list at least 3 directors) tet Address of Each cer and/or Director e Post Office Box Numbers) Drive, #309	City / State / Zip
/S/D CARLOS SISO P/D FRANK DE VALCKENAERE	Key Biscay	ne, FL 33149 cell Ave., #303	
		81	000047055589 -12/05/01-01025012 ****150.00 ****150.00
8. Name and Address of Current GUI L.P. GOVAERT -4100-NMiami-Avenue Miami, FL 33127	The second to .	Name CARLOS SIS Street Address (P.O. Box Number 200 Galen Suite, Apt. #, Etc. City Key Biscay	is Not Acceptable) Drive, #309
	EGISTERED AGENT MUST SIGN	h and accept the obligations of Secti	Date
loose the Division of Cornerations from any liabil	any intangible tax to th 199.032, Florida Stati with this filing is voluntarily furnished a	e utes. Yes No	(See other side for information on intangible tax.) In stated in Section 119.07(3)(k), Florida Statutes. Free lation supplied is deemed exempt from public access.
this reinstatement application the reason for dis fees owed by the corporation have been paid. I under oath.	solution has been eliminated, the con- the intermetion indicated on this appli	porate name satisfies the requirement cation is true and accurate, and my	napter 607 or 617, F.S. I turther certify that when filling his of section 607,0401 or 617,0401, F.S., and that all signature shall have the same legal effect as if made

October 30th, 2001

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL. 32314

Re:

Insite, Inc.

1460 Brickell Avenue, Suite 303

Miami, FL. 33131

Dear Mr./Ms.:

This letter is sent together with the Application for Reinstatement of Insite, Inc. a Florida Corporation.

Unfortunately we never received notification of the Annual Report needed to be filed in our Corporation. As a result we never filed the Annual Report on our corporation Insite, Inc.

By this means we are requesting that the Department of State Division of Corporation, please waive the Reinstatement fee of \$750.00.

We are enclosing herein a check in the amount of \$150.00 made out to Department of State, Division of Corporations together with the property executed Application for the Reinstatement.

Your attention on this matter is greatly appreciated.

Sincerely.

Director /Vice President

Insite, Inc.