

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>700000090001</u>					
1. Corporation Name <u>LITEPOINT, INC.</u>					
2. Principal Office Address <u>1519 NW 82 AV</u> Suite, Apt. #, etc. <u>NONE</u> City & State <u>MIAMI, FL</u> Zip <u>33126</u> Country <u>USA</u>			3. Mailing Office Address <u>1519 NW 82 AV</u> Suite, Apt. #, etc. <u>NONE</u> City & State <u>MIAMI, FL</u> Zip <u>33126</u> Country <u>USA</u>		

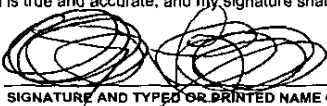
04-14-03 90787 043 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida <u>OGT 2000</u>	
5. FEI Number <u>651044165</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>HELENA MEZA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1519 NW 82 AV</u>	
Suite, Apt. #, Etc. <u>NONE</u>	
City <u>MIAMI</u>	State <u>FL</u> Zip Code <u>33126</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date <u>9/25/03</u>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>CARLOS BENHAMU</u>	<u>1519 NW 82 AV</u>	<u>MIAMI, FL 33126</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>CARLOS BENHAMU</u> Date <u>9/25/03</u> Daytime Phone # <u>(786) 8450909</u>

CR2E081 (10/02)

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LITEPOINT, INC.

1519 NW 82 AVE, MIAMI, FL 33126, PH: 786 8450909, FAX: 786 8450960 Mail: sales@litepointe.com

To: Florida Department of State
Attn: Secretary of State
Division of Corporations

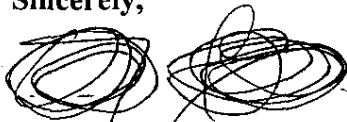
9/25/2003

Dear Sir or Madam:

The present is to explain why we did not respond to your reject letter. The main reason was because our company moved to a different address and the mail got lost. We apologize for the inconvenience and kindly ask you to reinstate our company status. We are enclosing the reinstatement form with the new address and the addition of a director, and hope that this fills your requirements.

Once again thank you for your cooperation.

Sincerely,



Carlos Benhamu
Director.

Litepoint, Inc
1519 NW 82 Ave
Miami, FL 33126
PH: 786 8450909
FAX: 786 8450960
Mail: sales@litepointe.com