

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 27 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

REINSTATEMENT 2002

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000074875

1. Corporation Name
DIGITAL PRACTICE SOLUTIONS, INC

2. Principal Office Address 15454 SW 36 TERR Suite, Apt. #, etc. City & State MIAMI FL Zip 33185	3. Mailing Office Address 15454 SW 36TH TERR Suite, Apt. #, etc. City & State MIAMI, FL Zip 33185
---	--

4. Date Incorporated or Qualified To Do Business in Florida 07/30/01

5. FEI Number 65-1125734
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAFAEL SOTO

Street Address (P.O. Box Number is Not Acceptable)
15454 SW 36 TERR

City
MIAMI

State
FL

Zip Code
33185

300010132073
01/15/03--01066--001 **750.00

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 *Rafael Soto* Date 12/26/02

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
P/D	SOTO, RAFAEL	15454 SW 36TH TERR	MIAMI, FL. 33185

300010132073
01/15/03--01066--002 **8.75

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: *Rafael Soto* RAFAEL SOTO 12/26/02 (305) 525-1023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E091 (8/01)