PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 17 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 93000074876

1. Corporation Name
ENTERPRISE COMPUTER CONCEPTS, INC.

REINSTATEMENT 14-00

2. Principal Office Address	3. Mailing Office Address
7220 NW 36th Street	7220 NW 36th Street
Suite, Apt. #, etc.: 606	Suite, Apt. #, etc.: 606
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: U.S.	Zip: 33166 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/1993

5. FEI Number: 52-2271079 — X 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: Claudio Vassallo
Street Address (P.O. Box Number is Not Acceptable): 4564 NW 114th Avenue
Suite, Apt. #, Etc.: 1410
City: Miami
State: FL
Zip Code: 33178

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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: Claudio Vassallo — Date: 10/12/2000
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
Pres.	Claudio Vassallo	4564 NW 114th Avenue	Miami, FL 33178
Vice Pres.	Pedro L. Lau	11712 Frubisher Ct.	Orlando, FL 32837
Secy.	Pedro L. Lau	11712 Frubisher Ct.	Orlando, FL 32837
Treas.	Pedro L. Lau	11712 Frubisher Ct.	Orlando, FL 32837

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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: Claudio Vassallo — 10/12/2000 — (305) 525-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #