

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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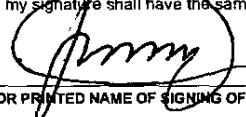
<del>CORPORATION</del> <del>REINSTATEMENT</del>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>996000027033</u>					
1. Corporation Name <b>INFOSURE, INC.</b>					
2. Principal Office Address <b>7331 NW 35th STREET</b>			3. Mailing Office Address <b>7331 NW 35th STREET</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI, FLORIDA</b>			City & State <b>MIAMI, FLORIDA</b>		
Zip <b>33122-1268</b>	Country	Zip <b>33122-1268</b>	Country		

4. Date Incorporated or Qualified To Do Business in Florida <b>03/27/1996</b>	
5. FEI Number <b>65-0677042</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>RIBEIRO, LUIS EDUARDO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7331 NW 35th STREET</b>	
Suite, Apt. #, Etc.	
City <b>MIAMI</b>	State <b>FL</b>
Zip Code <b>33122-1268</b>	

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
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
D	RIBEIRO, LUIS EDUARDO	7331 NW 35th STREET	MIAMI, FLORIDA 33122-1268

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
Date	Daytime Phone #

CR2E081 (10/02)

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**INFOSURE INC**  
**2121 Ponce de Leon Blvd., Suite 240**  
**Coral Gables, Fl 33134**

February 12, 2003

**Uniform Business Report**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, Fl 32302-1500**

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2002 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2002 U.B.R form. Enclosed is a completed 2002 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

  
**INFOSURE, INC**