		<u></u>
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
COPPORATION COPPORATION	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State	FILE'D
DOCUMENT # P97000054656  1. Corporation Name  No Competer Integration in		O2 MAY 28 AM II: O7  SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address  15100 SW 149 Ave  Suite, Apt. #, etc.  City & State  MTAMI, T	Suite, Apt. #, etc. # 330 City & State # 1 AVI 1, F/ 38	4. Date Incorporated or Qualified 6 - 2u - 97  5. FEI Number - Applied For - Applied For - Not Applicable
33196 NSA	7. Name and Address of Current Register	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required tor a Certificate of Status
Name  Luciano Fernandez  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Mani  Luciano Fernandez  900005817231  *****300.00  *****300.00  *****300.00  *****300.00  State  Zip Code  FL 331,96		
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 Page Registered Agent Must Sign		
9. Names and Street Addresses of Each Officer anglor Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Officers and/or Directors  Ples Wearn Fernan	1 15100 SW 149	
	-	201.25-AR
		88.75-A <b>R</b> OH
	01-021	1B12 18
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 indigated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE:  Date  Daytime Phone #		

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## Nu Computer Integration

Lou Fernandez 13727 Southwest 152 Street, Suite 330 Miami, Fl 33177 Telephone (305) 278-7100 Fax (305) 278-1416

May 16, 2002

Division of Corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

RE: 2001 Uniform Business Report Document

To Whom It May Concern:

Please accept my apologies for the tardiness for filing the Uniform Business Report. We never received the form in the mail. We found out we were not active via the Internet when we visited the Sunbiz.org site. We have enclosed \$300.00 for the late fees and the application.

Sincerely,

e Fernandez