
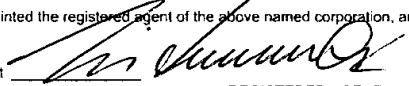
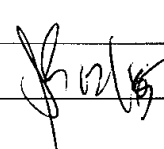
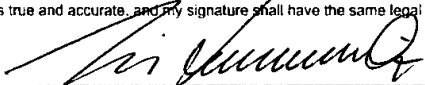


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000084268			
1. Corporation Name INTERLINK TECHNOLOGY, Inc.			
2. Principal Office Address 9380 SW 72nd Street.		3. Mailing Office Address Same as above -	
<small>Suite, Apt. #, etc.</small> B-220B		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small> MIAMI, FL.		<small>City & State</small>	
<small>Zip</small> 33173	<small>Country</small> USA	<small>Zip</small>	<small>Country</small>
4. Date Incorporated or Qualified To Do Business in Florida 09/16/1998		5. FEI Number 65-0937202	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		<small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> RAMON X. CORTADA			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 9481 SW 109 TERRACE			
<small>Suite, Apt. #, Etc.</small> N/A			
<small>City</small> MIAMI		<small>State</small> FL	<small>Zip Code</small> 33176
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.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 11-20-01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
PD-RAMON X. CORTADA	9481 SW 109 TERR.	MIAMI, FL.	33176
			
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: 		Date 11-20-01 Daytime Phone # 305-596-1460	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E081 (9/00)

Interlink Technology, Inc.

9380 SW 72nd St., B-220B
Suite: B-220B
Miami, Florida 33173

Tel: (305) 596-1460
Fax: (305) 596-6881
interlink@telocity.com

Miami, November 20, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

The present letter is to request the reinstatement of our corporation together with completed form attached.

As we have not received the **"2001 Uniform Business Report"** for renewal and filing our corporation, we request you to wave us of all penalties for the reinstatement.

Attached you will find the check # 1323 for the annual filing fee of \$150.00

At the same time, and once the corporation is reinstated, we would like to request a Certificate of Good Standing of the corporation. Attached is the check # 1324 for \$8.75

Best regards,


Ramon X. Cortada
President