


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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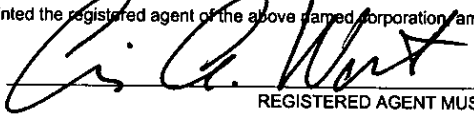
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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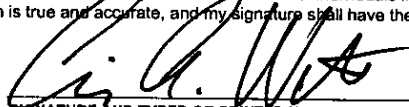
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000001932			
1. Corporation Name Aventura Networks, Inc.			
2. Principal Office Address 2025 NE 198 Terrace		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33179	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1/6/1999	
5. FEI Number 65-0903166	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Craig A. Waltzer		
Street Address (P.O. Box Number is Not Acceptable) 2025 NE 198 Terrace		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33179

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 2/20/2003
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
PD	Craig A. Waltzer	2025 NE 198 Terrace	Miami, FL 33179

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 2/20/2003	Daytime Phone # 305-937-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E081 (10/02)

2/21

**Aventura Networks, Inc.
2025 NE 198 Terrace
Miami, Florida 33179
305-937-2000**

February 20, 2003

Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327


Dear Sirs:

In accordance with my conversation with your Department's representative, Aventura Networks, Inc. did not receive an Annual Report form even though the Company moved and notified the Department of State of its new address. The Company learned of its current status only after our insurance agent did a name search with your department.

Enclosed please find a check in the amount of \$300.

Thank you in advance for your anticipated courtesy and cooperation regarding the foregoing.

Sincerely,



Craig A. Waltzer, President