PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000100404

1. Corporation Name
Converging Technologies, Inc.

REINSTATEMENT 2000-2001

2. Principal Office Address	3. Mailing Office Address
1111 Brickell Bay Dr.	(same)
Suite, Apt. #, etc.: Ste. 209	Suite, Apt. #, etc.:
City & State: miami fl	City & State: miami fl
Zip: 33131 Country:	Zip: 33131 Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: ☑ 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: Robert Kuenzler

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-11/14/01--01066--026
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 1111 Brickell Bay Dr.

Suite, Apt. #, Etc.: Ste. 209

City: miami State: FL Zip Code: 33131

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: Robert Kuenzler Date: 11-08-01

REGISTERED AGENT MUST SIGN

CR2E061 (5/99)

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
P	Robert KUENZLER	1111 Brickell Bay Dr. Ste.209	Miami, FL 33131
VP	ENRIQUE MOLINA	1111 Brickell Bay Dr. Ste.209	Miami, FL 33131

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] 11/08/01 305 377 7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #