PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC -5 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110198**

1. Corporation Name

VISACOM, INC.

Principal Place of Business	Mailing Address
1080 NW 163RD DRIVE MIAMI FL 33169	1080 NW 163RD DRIVE MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
330 BISCAYNE BLUD.	330 BISCAYNE BLUD
Suite, Apt. #, etc. SUITE #700	Suite, Apt. #, etc. SUITE #700
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip / Country 33132 / USA	Zip / Country 33132 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/1999

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PD~~	~~BARULA, BILL~~	~~1080 NW 163RD DRIVE~~	~~MIAMI FL 33169~~
PD	CONCEPCION, JORGE	330 BISCAYNE BLUD #700 MIAMI FLORIDA 33132	MIAMI FLORIDA 33132

000003506580---4
-12/20/00--01013--025
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

STOLAR, DAVID M.
1350 KANE CONCOURSE DRIVE
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: David M. Stolar SIGNATURE REQUIRED — Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED — 11-28-2000 — 305-620-3600

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