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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 MAR -2 AM 8:48.0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001794

1. Corporation Name
Karinoa Enterprises, Inc.

2. Principal Office Address 2533 N. Carson St.		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite 3235		Suite, Apt. #, etc.	
City & State Carson City, Nevada		City & State	
Zip 89796	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida 3-30-98

5. FBI Number 94-2444561 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Anabel Herrera

Street Address (P.O. Box Number is Not Acceptable) 5775 Blue Lagoon 300003828593-5
-03/09/01-01086-030

Suite, Apt. #, Etc. Suite 145 ***150.00 *** 50.00

City Miami State FL Zip Code 33126

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 *A Herrera* Date _____

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
Chairman	Carlos M. Collazo	1670 S. Amphlett ^{#300} Blvd	San Mateo, CA 94402
Secret.	"	"	"
Treas.	"	"	700003828597-2 -03/09/01-01086-031 ***150.00 ***150.00
			99-01 TR

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)(f), 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: *Carlos M. Collazo* 1-30-01 650-655-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Secretary of State
Department of State
Department of Corporations
409 East Gaines Street
Tallahassee Florida 32398

January 22, 2001

Enclosed is

- 1. a completed Corporation Reinstatement Form
- 2. a check for \$750.00 for reinstatement
- 3 a letter from our resident agent in our home state Nevada

The corporation applied for and was granted authorization to transact business in Florida on March 30, 1998. The corporations authority was revoked for failure to file its annual registration form. Your office of reinstatement believes that the annual registration was mailed to our resident agent in Nevada per our instructions. Our resident agent, see attached letter, did not receive the annual for profit UBR form.

We believe that the corporation acted in good faith and should be reinstated without the \$600.00 reinstatement fee.

For the above reasons please waive the reinstatement fee, and remit it to us or give the corporation a credit for the annual registration fee on a going forward basis.

Very truly yours



Marc Lumer, CFO
650-655-2198