PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 24 AM 10:32

DOCUMENT # L98000001027

1. Limited Liability Company's Name

CARLING GROUP LLC

2. Principal Office Address	3. Mailing Office Address
1591 E. Atlantic Blvd. Pompano Beach,FL 33060	1591 E.Atlantic Blvd. Pompano Beach,FL 33060
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Pompano Beach,FL	City & State Pompano Beach,FL
Zip 33060 / Country USA	Zip 33060 / Country USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
July 10, 1

6. FEI Number

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
International Company Services (USA) Inc.

Street Address (P.O. Box Number is Not Acceptable)
1591 East Atlantic Blvd.

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Suite, Apt. #, Etc.
Suite 200

City
Pompano Beach

State: FL
Zip Code: 33060

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Date January 10, 2

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Carling Consultants Ltd.	P.O.Box 107, Duke St.	Grand Turk, Turks Caicos Islands
MGRM	Simpkins Overseas-Services Inc.	60 Market Square,PO Box 364	BELIZE

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REINSTATEMENT 00-2000

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same effect as if made under oath.

Signature of Managing Member/Manager _____ Date JAN. 10, 2000 Daytime Phone # 954-943-149

Typed or printed name of signing Managing Member/Manager: Harry Debroskey