PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 29 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

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02/11/03--01003--015 **1200.00

DOCUMENT # F98000000247

1. Corporation Name CARIAD CAPITAL FUNDING LTD. COPR.

REINSTATEMENT 0003

2. Principal Office Address	3. Mailing Office Address
17160 S.W. 94th Ave #604	Same
Suite, Apt. #, etc.: Unit #604	Suite, Apt. #, etc.: Same
City & State: Miami Florida	City & State: Same
Zip: 33157 Country: Dade	Zip: Same Country: Same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number # 65-080535I — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Hervel E. West

Street Address (P.O. Box Number is Not Acceptable): 17160 S.W. 94th Avenue

Suite, Apt. #, Etc.: Unit #604

City: Miami State: FL Zip Code: 33157

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: [signature] (Pres) Date: 1/27/2003

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Pres	Hervel E. West	17160 S.W. 94th Ave #604	Miami Fl. 33157
D	Dwight West	17160 S.W. 94th Ave "604	Miami Fl. 33157
D	Yvonne West	17160 S.W. 94th Ave #604	Miami Fl. 33157

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] 1/27/2003

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

President

B