
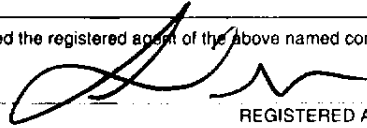
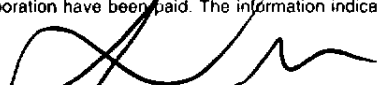


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>98 JAN -9 PM 12:56</b>	
<b>DOCUMENT #</b> H05512		<b>REINSTATEMENT</b>			
<b>1. Corporation Name</b> CARI-US-COM-INTERNATIONAL, INC. <i>W98-525</i>					
<b>Principal Place of Business</b> 326 S. Grandview Avenue Daytona Beach, FL 32118		<b>Mailing Address</b> 326 S. Grandview Ave. Daytona Beach, FL 32118			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<b>2. New Principal Office Address, If Applicable</b> 3541 Forrest Branch Dr. Suite A Port Orange, FL 32119 Country USA		<b>3. New Mailing Address, If Applicable</b> 3541 Forrest Branch Dr. Suite A Port Orange, FL 32119 Country USA		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/30/84	
				<b>5. FEI Number</b> 59-2948261	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b> (Do NOT Use Post Office Box Numbers)	<b>City / State / Zip</b>		
D/P	Sam Osta	3541 Forrest Branch Dr. Suite A	Port Orange, FL 32119		
			900002398869--5 -01/13/98--01094--003 ***1273.75 ***1273.75		
			900002398869--5 -01/13/98--01094--004 *****85.00 *****85.00		
<b>8. Name and Address of Current Registered Agent</b>		<b>9. Name and Address of New Registered Agent</b>			
Johnson, Ronald N. 326 So. Grandview Avenue Daytona Beach, FL 32118		Name Osta, Sam Street Address (P.O. Box Number is Not Acceptable) 3541 Forrest Branch Drive Suite, Apt. #, Etc. Suite A City Port Orange State FL Zip Code 32119			
<b>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.</b>					
Signature of Registered Agent 		Date 12-26-97			
REGISTERED AGENT MUST SIGN					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
<b>SIGNATURE:</b> 		Sam Osta, President		(904) 322-8940	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

CR2040 (12/95)