

LO1000004614

PLEASE READ AND INSTRUCTIONS BEFORE DISPUTING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 APR 21 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO1000004614

1. Limited Liability Company's Name

CAROLINAS PREPAID, LLC

900016378849
04/21/03--01035--029 **205.00

MJJ

2. Principal Office Address

1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.

3. Mailing Office Address

1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.

4/21 2002-2003

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

3/22/2001

6. FEI Number

58-2611744

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

Zip
33442

Country
BROWARD

Zip
33442

Country
BROWARD

8. Name and Address of Current Registered Agent

Name
MARKATIA MOHAMMED A.

Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DR

Suite, Apt. #, Etc.

City
DEERFIELD BEACH

State
FL

Zip Code
33442

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
M. A. Markatia

REGISTERED AGENT MUST SIGN

Date 4-14-03

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
CEO	MARKATIA, M. A.	1215 W. NEWPORT CTR DR	DEERFIELD BEACH FL 33442

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 when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that 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 legal effect as if made under oath.

Signature of Managing Member/Manager
M. A. Markatia

Date 4/14/03

Daytime Phone # 954-418-8620

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)