
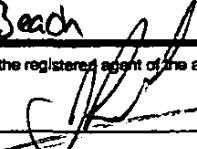



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 MAY 14 PM 1:38  CR2E041 (12/07)	
<b>DOCUMENT # L05000103855</b>					
<b>1. Limited Liability Company's Name</b> <div style="text-align: center; font-size: 1.2em;">Caribbean Ventures, LLC.</div>					
<b>2. Principal Office Address - No P.O. Box #</b> 1005 Brooks Lane <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 1005 Brooks Lane <small>Suite, Apt. #, etc.</small>		<b>4. State/Country of Formation</b> Florida / U.S.A.	
<b>City &amp; State</b> Delray Beach, FL.		<b>City &amp; State</b> Delray Beach, FL.		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/21/05	
<b>Zip</b> 33483	<b>Country</b> U.S.A.	<b>Zip</b> 33483	<b>Country</b> U.S.A.	<b>6. FEI Number</b> None <input type="checkbox"/> <small>Applied For</small> <input checked="" type="checkbox"/> <small>Not Applicable</small>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>\$5.00 Application Fee, plus \$1.00 for each month of delinquency</small>				<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
<b>8. Name and Address of Current Registered Agent</b>					
Name: Joel Ramsden					
Street Address (P.O. Box Number is Not Acceptable): 1005 Brooks Lane					
Suite, Apt. #, Etc.:					
City: Delray Beach		State: FL	Zip Code: 33483		
<b>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.</b>					
Signature of Registered Agent: 				Date: 5/7/08	
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
	Mgr Joel Ramsden	1005 Brooks Lane	Delray Beach, FL. 33483		
500129053325 05/12/08--01056--014 **416.25					
<b>REINSTATEMENT 2006-08</b>					
<b>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.</b>					
Signature of Managing Member/Manager: 				Date: 5/7/08 Daytime Phone: (561) 542-4789	
Typed or printed name of signing Managing Member/Manager: Joel Ramsden					