PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	FLORIDA DEPARTMENT Secretary of Stat DIVISION OF CORPORATI	e	0	FILED 7 DEC 27 PM 3: 31	
DOCUMENT # L0600056370 1. Limited Liability Company's Name Caribbean Retail Solutions 11, LLC			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box# 2. Office Address - No P.O. Box# 3. Mailing Office Address DR. # Suite Apt. #, etc.		CR2E041 (1/07) 4. State/Country of Formation Florida			
Suite, Apt. #, etc. <i>±</i> 20 3	Suite, Apr. #, etc.		5. Date Organized or Qualified To Do Business in Florida 6 1 200 6		
Boyn ton Beach, FL F		6. FEI Number Applied For Not Applied be			
33426 USA	Zip Country	Country		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Caribbean Retail Solutions Street Address (P.O. Box Number is Not Acceptable) 2500 Quantum Lakes De # 365 Suite, Apt. #, Etc. 203 City Boynton Beach State Zip Code 33463		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.			
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 Date 12 17 0 7					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/Manage	Street Address of Ear lanagers Managing Member/Man			City / State / Zip	
MGRM Caribbean Retail Solutions 2500 Qu		Quantum Lakes DR# 203 Lake worth, FL 33463			
				0113304362 0701028012 **155.00	
REINSTATEMENT					
200	07				
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 fliing 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 Date 12/17/07 Daytime Phone# 561.503.1721					
Typed or printed name of signing Managing Member/Manager Tanny R. mk(all					