


09:31 JUN 11 2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  01 SEP 19 PM 3:16  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>L43354</b> 1. Corporation Name  <b>CARRIER International Miami, Inc.</b>					
2. Principal Office Address <b>7858 NW 72<sup>nd</sup> Ave</b> Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.		<b>9901</b>	
City & State <b>Miami, FL</b>		City & State City & State			
Zip <b>33166</b>	Country <b>USA</b>	Zip Country	Country		
		4. Date Incorporated or Qualified To Do Business in Florida <b>1/16/90</b>		5. FEI Number <b>264668661</b>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Rolando B. Ponce</b> <b>000004617210-2</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>7858 N.W. 72<sup>nd</sup> Ave</b> <b>10/01/01-01020-885</b> <b>***1050.00 ***1050.00</b>					
Suite, Apt. #, Etc.					
City <b>Miami</b> State <b>FL</b> Zip Code <b>33166</b>					
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 <b>[Signature]</b> Date <b>6-15-2001</b> REGISTERED AGENT MUST SIGN <b>ROLANDO B. PONCE</b>					
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		
D	William Nelso	7858 NW 72 <sup>nd</sup> Ave	MIAMI, FL 33166		
D	Eduardo Reyes	7858 NW 72 <sup>nd</sup> Ave	MIAMI, FL 33166		
D	Rolando B. Ponce	7858 NW 72 <sup>nd</sup> Ave	MIAMI, FL 33166		
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: <b>[Signature]</b> Date <b>6-15-2001</b> Daytime Phone # <b>590-1066</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROLANDO B. PONCE, DIRECTOR</b>					