(1)

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 21 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000756

Cariboard Limited, L.C.
c/o Juan Francisco Ocano
P.O. Box 52-6150
Miami, FL. 33152
U.S.A.

W97-16743

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a.

1a. Principal Place of Business Address

19 Calle 13-53, zona 10
Guatemala, Guatemala

2. Principal Place of Business: Guatemala, Guatemala
Suite, Apt. #, etc.:
City & State:
Zip: Country:

2a. Mailing Address: Post Office Box 52-6150
Suite, Apt. #, etc.:
City & State: Miami, Florida
Zip: 33152 Country: USA

3. Date Organized or Qualified: 10/09/95

3a. State of Formation: FL

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired: $8.75 Additional Fee Required [ ]

7. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name:
Street Address (**P.O. Box Number is Not Acceptable**):
Suite, Apt. #, etc.:
City: **FL** Zip Code:

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: Deborah D. Skipper (REGISTERED AGENT MUST SIGN) Deborah D. Skipper, As Agent   Date June 26, 1997

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
GRM, [redacted].	Juan Fco. Ocano	19 Calle 13-53, zona 10	Guatemala, Guatemala
GRM [redacted].	Rodolfo Ocano	19 Calle 13-53, zona 10	Guatemala, Guatemala

Titles changed per Lori Dunleap w/ CSC 7/24

REINSTATEMENT 7-26-97

100002242731--3

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: [signature]   Date 07/18/97   Daytime Phone # (305) 579-0500

Typed or printed name of signing Managing Member/Manager: Juan Fco. Ocano, MGRM

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 468509 4303929

AUTHORIZATION : Patricia P

COST LIMIT : $ ~~915.00~~ 177.50

ORDER DATE : July 21, 1997

ORDER TIME : 9:49 AM

ORDER NO. : 468509-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: CARIBOARD LIMITED, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS _____

FILED
97 JUL 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA