

FORM. 1082

<b>CORPORATION REINSTATEMENT</b>	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<p style="text-align: right; font-size: 1.2em;"><b>FILED</b></p> <p style="text-align: right;">07 SEP 18 PM 1:17</p> <p style="text-align: center; font-weight: bold;">SECRETARY OF STATE FLORIDA</p> <p style="font-size: 0.8em;">09/18/07--01014--004 **300.00</p> <p style="font-size: 0.8em;">09/18/07--01014--005 **450.00</p> <p style="font-size: 0.8em;">09/18/07--01014--006 **10.00</p> <p style="text-align: right; font-size: 0.8em;">CR2E081 (1/07)</p>												
<b>DOCUMENT # P00000027092</b> <b>1. Corporation Name</b> <h2 style="margin: 0;">CARIBBIC AUTO INC.</h2>														
<b>2. Principal Office Address - No P.O. Box #</b> 1029 WEST COUNTRY CLUB CIRCLE  Suite, Apt. #, etc.  City & State <b>PLANTATION, FLORIDA</b> Zip      Country <b>33317-4815 USA</b>	<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country													
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>03/16/2000</b>														
<b>5. FEI Number</b> <b>65-0992103</b> Applied For / Not Applicable														
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status														
<b>7. Name and Address of Current Registered Agent</b> Name: <b>Ruth Liverpool/Lass Accounting &amp; Business Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable): <b>9351 West Sample Road</b> Suite, Apt. #, Etc.: City: <b>CORAL SPRINGS</b> State: <b>FL</b> Zip Code: <b>33065</b>														
<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.</b> Signature of Registered Agent: _____ Date: <b>9/12/07</b> <div style="text-align: center;">   <b>REGISTERED AGENT MUST SIGN</b> </div>														
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>THEOPHILUS W. CLARKE</td> <td>1029 W. COUNTRY CLUB CIRCLE</td> <td>PLANTATION, FLORIDA 33317-4815</td> </tr> <tr> <td colspan="4" style="height: 100px; vertical-align: middle; text-align: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT 09-07</div> <div style="font-size: 3em; font-weight: bold; margin-top: 20px;">RH</div> </td> </tr> </tbody> </table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	THEOPHILUS W. CLARKE	1029 W. COUNTRY CLUB CIRCLE	PLANTATION, FLORIDA 33317-4815	<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT 09-07</div> <div style="font-size: 3em; font-weight: bold; margin-top: 20px;">RH</div>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip											
P	THEOPHILUS W. CLARKE	1029 W. COUNTRY CLUB CIRCLE	PLANTATION, FLORIDA 33317-4815											
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT 09-07</div> <div style="font-size: 3em; font-weight: bold; margin-top: 20px;">RH</div>														
<b>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 contained in Chapter 119, 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.</b> SIGNATURE: _____ Date: <b>9/06/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #</small>														



September 6, 2007

RE: Carribic Auto Inc.  
1029 W. Country Club Circle  
Plantation, Florida 33317-4815

To Whom It May Concern:

The above mentioned corporation did not receive any notices pertaining to the renewal of their corporation. We are asking that you please waive all fees and accept the enclosed payment in the amount of \$750.00. This will allow Caribbic Auto Inc. to be up-to-date and active to conduct business.

Enclosed you will also find another check in the amount of \$10.00. This is for a request of Certified Copy of Letter with State Seal, recognizing Carribic Auto Inc. as an active entity with the State of Florida. Thank you for your immediate attention regarding this matter.

Respectfully,

The Staff  
Lass Accounting & Business Services, Inc.