PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Fax Audit No. FILED H02000207660
02 OCT 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000943

1. Corporation Name
CAPER DEVELOPMENT GROUP INC
4615 S.W. 74 AVE
MIAMI, FLA 33155

2. Principal Office Address
4615 S.W. 74 AVE
Suite, Apt. #, etc.
City & State
MIAMI, FLA
Zip 33155 Country U.S.A.

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 2002

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1025955 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: MARIA A. Caballero
Street Address (P.O. Box Number is Not Acceptable): 4615 S.W. 74 AVE
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code: 33155

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: Maria A Caballero Date: 10/9/02
REGISTERED AGENT MUST SIGN

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
PD	PEREZ GONZALO	4615 S.W. 74 AVE	MIAMI, FLA 33155
SVD	CABALLERO MARIA A	4615 S.W. 74 AVE	MIAMI, FLA 33155

10. I certify that I am an officer or director of 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: Maria A Caballero 10/09/02 3052299477
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #

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