


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000040708</u>			
1. Corporation Name <u>CAQUIN GROUP, INC.</u>			
2. Principal Office Address <u>12550 BISCAYNE BLV</u> Suite, Apt. #, etc. <u>500</u> City & State <u>MIAMI FL</u> Zip <u>33181</u> Country <u>DADE</u>		3. Mailing Office Address <u>12550 BISCAYNE BLV</u> Suite, Apt. #, etc. <u>500</u> City & State <u>MIAMI FL</u> Zip <u>33181</u> Country <u>DADE</u>	

FILED

04 APR 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida <u>4/23/01</u>	5. FEI Number <u>65-1097929</u>	Applied For <input type="checkbox"/> Not Applicable
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 <u>LUIS CAMEJO</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4898 NW 7 ST</u>	
Suite, Apt. #, Etc.	
City <u>MIAMI</u>	State <u>FL</u> Zip Code <u>33124</u>

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/14/04

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
<u>P</u>	<u>ANDREA C. SCHENONE</u>	<u>19370 COLLINS AVE 1ND00</u>	<u>SONNY ISLES BEACH FL 33160</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/04

Daytime Phone #

305-490-5566