

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 8:00

REINSTATEMENT 02-04

MRS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000086191

1. Corporation Name
CARIBE RICO, INC.

2. Principal Office Address 1201 Delaney Park Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32806	Country Orange	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8-29-2001

5. FEI Number 59-3741554	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
Frederick Lee Mason

Street Address (P.O. Box Number is Not Acceptable)
1201 Delaney Park Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32806

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 *Frederick Lee Mason* Date 11-15-2004

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
Director	Frederick Lee Mason	1201 Delaney Park Drive	Orlando, FL 32806

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: *Frederick Lee Mason* Date 11-15-2004 Daytime Phone # 248-421-2480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frederick Lee Mason

CR2E081 (01/04)