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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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RECEIVED

REINSTATEMENT

02-05

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # **P01000111434**

1. Corporation Name  
**CARIEXIM, INC.**

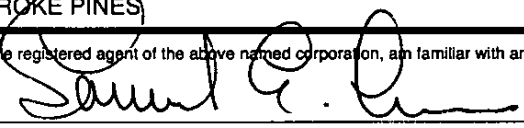
W05000029106

<b>2. Principal Office Address</b> 1152 N UNIVERSITY DRIVE		<b>3. Mailing Office Address</b> 1152 N UNIVERSITY DRIVE	
Suite, Apt. #, etc. SUITE 303		Suite, Apt. #, etc. SUITE 303	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33024	Country US	Zip 33024	Country US

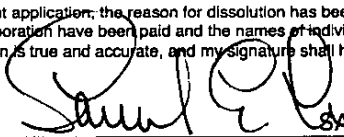
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/21/2001	
<b>5. FEI Number</b> 03-0415059	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>SAMUEL CRICHTON</b>	
Street Address (P.O. Box Number is Not Acceptable) 1152 N UNIVERSITY DRIVE	
Suite, Apt. #, Etc. SUITE 303	
City PEMBROKE PINES	State FL
	Zip Code 33024

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<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>Aug 1, 2006</b>
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JANE CRICHTON	P. O. BOX 025580	MIAMI, FL 33102
D	SAMUEL CRICHTON	P. O. BOX 025580	MIAMI, FL 33102

<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 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.</b>	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>SAMUEL CRICHTON</b> Date <b>Aug 1, 2005</b> Daytime Phone #

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## CARIEXIM, INC.

August 1, 2005

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Corporation Reinstatement – Cariexim, Inc. (Ref P01000111434)**

Dear Sirs:

Please be advised that we have not received notice for the 2002, 2003, 2004 and 2005 annual report.

Our mailing address is as follows:  
1152 N. University Drive, Suite 303  
Pembroke Pines, FL 33024

Our accountants have enclosed a check for \$600 regarding the reinstatement of the captioned corporation and a completed reinstatement form.

Yours sincerely,

Samuel Crichton, President

1152 N. University Drive, Suite 303  
Pembroke Pines, FL 33024, USA  
phone # (954) 862-2250 | fax # (954) 862 2251