

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P01000118453

1. Corporation Name

CAI Enterprises Corporation

8350 NW 52 Terrace
PO Box 695042

2. Principal Office Address

8350 NW 52 Terrace

3. Mailing Office Address

PO Box 695042

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33269-2042

Country

USA

[Handwritten signature]

REINSTATEMENT

02-04

WOP

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
52-2364655

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

Linda Weiss

Street Address (P.O. Box Number is Not Acceptable)

8350 Northwest 52 Terrace

400040007964

Suite, Apt. #, Etc.

Suite 203

08/09/04--01045--004 **450.00

City

Miami

State

FL

Zip Code

33166

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

[Handwritten signature: Linda Weiss]

REGISTERED AGENT MUST SIGN

Date

7/30/04

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
DP	Manuel Antuna	9757 NW 6 Lane	Miami, FL 33172
DS	Linda Weiss	15869 SW 12 ST	Pembroke Pines, FL 33027

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:

[Handwritten signature: Linda Weiss]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04

Date

305-718-1212

Daytime Phone #

CR2E081 (01/04)

2052

CMS BUSINESS CONSULTANTS

A PROFESSIONAL ASSOCIATION OF CONSULTANTS & ACCOUNTANTS

MEZZANINE - SUITE 200

550 BILTMORE WAY

CORAL GABLES, FLORIDA 33134

MAILING ADDRESS

POST OFFICE BOX 557243
MIAMI, FLORIDA 33255-7243

TELEPHONE (305) 461-9931
TELECOPIER (305) 461-9916
e-mail: cmsaccts@aol.com

July 30, 2004

Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

Ref: CAI Enterprises Corporation

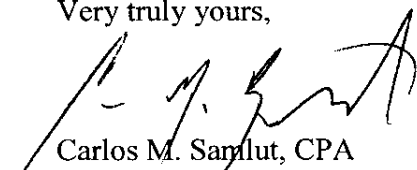
Dear Sir/Madam:

While reviewing our clients document, we noticed that the annual report fee was not paid. We investigated our client documents and we found no record of receiving a 2003 annual report.

Transmitted herewith is a Corporate Reinstatement for the above referenced entity. Attached hereto is a check in the amount of \$450, for the 2002 through 2004 annual report fee. Since the entity did not receive the 2002 annual report, and subsequent reports thereafter, we kindly request abatement of the reinstatement fee. The reinstatement fee will cause undue hardship on the entity.

We thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,



Carlos M. Samlut, CPA
For the Firm

Enc.