

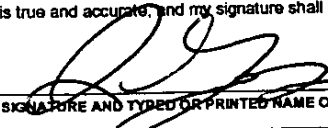


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P04000065452</u>			
1. Corporation Name <u>CARIBBEAN TRADER & IMPORT, INC.</u>			
2. Principal Office Address <u>9481 S.W. 50 street</u>		3. Mailing Office Address <u>9481 S.W. 50 street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Cooper city, FL</u>		City & State <u>Cooper city, FL</u>	
Zip <u>33328</u>	Country <u>Broward</u>	Zip <u>33328</u>	Country <u>Broward</u>
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>03-054-0538</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Date Incorporated or Qualified To Do Business in Florida	
Name <u>ISAAC Gonzalez</u>		Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) <u>9481 S.W. 50 street</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc.			
City <u>Cooper city</u>		State <u>FL</u>	
		Zip Code <u>33328</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 		Date <u>19 January 2005</u>	
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
<u>President</u>	<u>ISAAC GONZALEZ</u>	<u>9481 S.W. 50 street</u>	<u>Cooper city 33328</u>
<u>Secretary</u>	<u>Noel Nieves</u>	<u>9481 S.W. 50 street</u>	<u>Cooper city 33328</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)(f), 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: 		Date <u>01/21/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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