


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 29 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000055462

1. Corporation Name
CARIGROUP COMMUNICATIONS INC.

2. Principal Office Address 6610 N. UNIVERSITY DR. #20 TAMARAC		3. Mailing Office Address 6610 N. UNIVERSITY DR.	
Suite, Apt. #, etc. 250		Suite, Apt. #, etc. 250	
City & State TAMARAC FL		City & State TAMARAC FL	
Zip 33321	Country	Zip 33321	Country

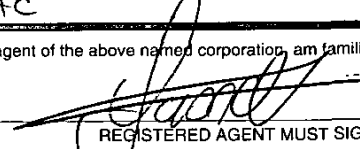
REINSTATEMENT 99-180

4. Date Incorporated or Qualified To Do Business in Florida 07/01/1996	
5. FEI Number 650681605	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ALEXANDRE LASNAUD ESQ.		8000003497288	
Street Address (P.O. Box Number is Not Acceptable) 6610 N. UNIVERSITY DR.		-12/12/00--01069--028	
Suite, Apt. #, Etc. 250		****908.75 ****908.75	
City TAMARAC	State FL	Zip Code 33321	

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.

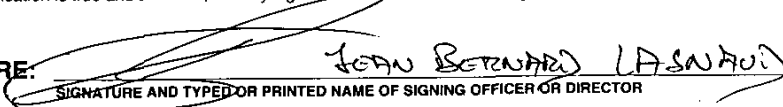
Signature of Registered Agent  Date 11/20/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Office 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
P	LASNAUD JEAN B	793 VILLA PORTOFINO CIR.	DADEFIELD BCH FL 33442
V	LASNAUD NELLY	793 VILLA PORTOFINO CIR.	DADEFIELD BCH FL 33442

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **JEAN BERNARD LASNAUD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/17/00 Daytime Phone # 917-722-4058