


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
03 MAY -7 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000/04571  
1. Corporation Name  
CARVITRONICS CORP.

100017341011  
04/30/03--01006--017 \*\*900.00

2. Principal Office Address <u>7580 NW 70 ST.</u>		3. Mailing Office Address <u>7580 NW 70 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI FLORIDA</u>	
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>65-0804122</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>CARBO, JUAN</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7580 NW 70 ST.</u>		
Suite, Apt. #, Etc.		
City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33166</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

REGISTERED AGENT MUST SIGN

Date

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>P</u>	<u>CARBO, JUAN</u>	<u>7580 NW 70 ST.</u>	<u>MIAMI FLORIDA 33166</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)(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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

305-857-2232

Daytime Phone #

CR2E081 (1/02)