

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 AM 11:45



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

CORPORATION
REINSTATEMENT

DOCUMENT # P98000034399

1. Corporation Name
Carambola, Inc.

2. Principal Office Address
9905 NW 9th St. Circle

3. Mailing Office Address

Suite, Apt. #, etc.
11

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip Country
33174 Dade

Zip Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 4/15/98

5. FEI Number 65-0828696

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 Carlos Clavel

000004670840 -- 0

Street Address (P.O. Box Number is Not Acceptable)
9101 SW 10 Terrace

-11/07/01--01040-026
****758.75 **** 58.75

Suite, Apt. #, Etc.

City Miami

State Zip Code
FL 33174

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

Carlos Clavel 2/11/01/17/01 Date *Carlos Clavel*

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
PTD	Carlos Clavel	9101 SW 10 Terr.	Miami, FL 33174
S	Ariela Storniolo	9905 NW 9th St. Circle	Miami, FL 33174

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

Carlos Clavel

Carlos Clavel 10/3/01 305 972-9307

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (6/00)