PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT	DEPARTMENT OF STATE  Katherine Harris  Secretary of State  ISION OF CORPORATIONS	APPROVE. AND FILED 01 JUN 13 PH 1		
DOCUMENT # P99000017432 1. Corporation Name		SECRETARY OF STATE FALLAHASSEE, FLORIDA		
CARAJAS CORP.				
2. Principal Office Address 3. Mailing Office Address		· .		
11921 S. Dixie Hay				
Suite, Apt. #, etc.  # 2 0 3  Suite, Apt. #, etc.				
		Date Incorporated or Qualified     To Do Business in Florida		
City & State  City & State		5. FEI Number 65-0902378	Applied For	
Zip Country Zip  331 USA	Country	6. CERTIFICATE OF STATUS DESIRED	Not Applicable S375 Additional Fee required	
	Name and Address of Current Register		flora Certificate of Status	
Moshe Edery  Street Address (P.O. Box Number is Not Acceptable)  11921 S. Dixie Highway #203  Suite, Apt. #, Etc.  City  Miami  State Zip Code FL 33156				
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 Moshe Edery REGISTERED AGENT MUST SIGN  Date 0.5-23-01				
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	lles Name of Street Address of Each Officers and/or Directors Officer and/or Director		City / State / Zip	
D Rodriguez-Gonzalez, Luis F.	11921 S. DIXIE			
Luis F.	Miami, FL 331]	<u>r</u>		
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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 filling 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 them 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

SIGNATURE:

(00/0/1000)