PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 PM 5:04

DOCUMENT # 859637

1. Corporation Name

CARIBWIDE TRADING CORP.

2. Principal Place of Business / Mailing Address

9200 S. DADELAND BLVD., SUITE 609
MIAMI, FLORIDA 33156

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Principal Office Address, If Applicable
Suite, Apt. #, Etc.
City & State
Zip / Country

4. New Mailing Office Address, If Applicable
Suite, Apt. #, Etc.
City & State
Zip / Country

5. Date Incorporated or Qualified To Do Business in Florida: 06/12/91

6. FEI Number: 65-0272833 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X]

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers)	4. City / State / Zip
PRES	RICHARD RAPAPORT	10240 SW 141 STREET	MIAMI, FLORIDA 33176
VP	CARLOS RAPAPORT	12861 SW 64 COURT	MIAMI, FLORIDA 33156
VP	GUILLERMO RAPAPORT	7345 SW 132 STREET	MIAMI, FLORIDA 33156
VP	ROBERT RAPAPORT	10223 SW 126 STREET	MIAMI, FLORIDA 33176
VP	HENRY RAPAPORT	13355 SW 74 AVENUE	MIAMI, FLORIDA 33156

11/16

9. Name and Address of Current Registered Agent

10. I hereby appoint the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN — Date: 11-12-99

9. Name and Address of New Registered Agent

Name: HENRY RAPAPORT
Street Address (P.O. Box Number is Not Acceptable): 13355 SW 74 AVENUE
Suite, Apt. #, Etc.
City: MIAMI, FLORIDA 33156
State: FL
Zip Code

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I realize the Division of Corporations may be liable of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the registrant or limited partnership or the attorney or agent duly authorized 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., and that all fees owed by the corporation have been paid. 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: Henry Rapaport — 11-12-99 — 305-670-1326
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000029154 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

CARIBWIDE TRADING CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75