
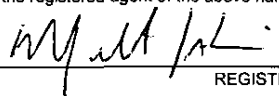


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 JAN 24 9:44 TALLAHASSEE, FLORIDA	
DOCUMENT # S79027					
1. Corporation Name CARITEC S. A., INC.					
2. Principal Office Address 2742 BISCAYNE BLVD Suite, Apt. #, etc.			3. Mailing Office Address 2742 BISCAYNE BLVD Suite, Apt. #, etc.		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33137	Country US	Zip 33137	Country US	4. Date Incorporated or Qualified To Do Business in Florida 09/10/1991	
				5. FEI Number 650287730	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 MILTON F CATRAIN					
Street Address (P.O. Box Number is Not Acceptable) 2742 BISCAYNE BLVD					
Suite, Apt. #, Etc.					
City MIAMI				State FL	Zip Code 33137
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 1/12/06					
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		
P	FRANCISCO CATRAIN	2742 BISCAYNE BLVD	MIAMI FL 33137		
VP	MILTON CATRAIN	2742 BISCAYNE BLVD	MIAMI FL 33137		
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 contained in Chapter 119, 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:  MILTON CATRAIN VP DIRECTOR Date 1/12/06 Daytime Phone # 305 5736640					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CARITEC S.A., INC.
2742 BISCAYNE BLVD
MIAMI FL 33137

1-12-06

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To Whom It May Concern:

It has just come to my attention that my corporation has been administratively dissolved for not filing its 2002 Uniform Business Report.

I never received my renewal documents and would like to ask for an abatement of any penalties associated with my late filing.

Enclosed is a blank report which I have filled out along with a payment of \$750.00 in order to cover the annual report fee and corporate supplemental fee from 2002 to the present.

Please accept this in full satisfaction of my filing requirements.

Thank you,



Milton Catrain
Vice President