## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06322

Name:

Address: City-St-Zip: MALDONADO, AMA M

HUMACAO, PR 00791

tity Name: KANE CADIBBEAN IN

FILED Oct 29, 2007 Secretary of State

Entity Name: KANE CARIBBEAN, INC. **Current Principal Place of Business: New Principal Place of Business: BO. CANDELARIA** CARR #2 K.M. 17.0 TOA BAJA, PR 00949 **Current Mailing Address: New Mailing Address:** PO BOX 366307 SAN JUAN, PR 00936 FEI Number: 66-0386477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORRES, WANDA 3040 STILLWATER DR. KISSIMMEE, FL 34744 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: WANDA TORRES Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BENITEZ, PEDRO F Name: Name: PR-937 KM.3.0 Address: Address: City-St-Zip: LAS PIEDRAS, PR 00771 City-St-Zip: VD Title: Title: () Delete () Change () Addition MANSILLA MENDEZ, JUAN A Name: Name: ALTURAS DE SAN BENITO CALLE 1 CASA 15-A Address: Address: HUMMACAO PR, 00792 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition TABALES TOLEDO, LUIS M Name: Name: QUINTAS DE VALLE VERDE #3 Address: Address: City-St-Zip: JUNCOS,, PR 00777 City-St-Zip: Title: ASTD ( ) Delete Title: () Change () Addition CRESPO GONZALEZ, JORGE L Name: Name: Address: SECTOR FINCA BONITA BO. VALENCIANO Address: City-St-Zip: JUNCOS, PR 00777 City-St-Zip: Title: SSD Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PEDRO FELICIANO PRES 10/29/2007

EXT. JARDINES DE HUMAÇÃO CALLE A BLOQUE AA-