

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT -6 PH 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006469

1. Corporation Name

INVERSIONES MAPAMA, N.V.

2. Principal Office Address

6801 NW 74th AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33166

City & State

Zip

Country

33166

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2188490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

PERNAS, ALFREDO A.

Street Address (P.O. Box Number is Not Acceptable)

6801 NW 74th AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FL

State
FL

Zip Code

33166

600003457576-5
11/08/00 01876-006
***750.00 ***750.00

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

Alfredo A. Pernas
REGISTERED AGENT MUST SIGN

Date 10/5/00

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

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	PETRICCA, MARCO	6801 NW 74th AVENUE	MIAMI, FL 33166
DIR	PETRICCA, MAURO	6801 NW 74th AVENUE	MIAMI, FL 33166
DIR	PERNAS, ALFREDO	6801 NW 74th AVENUE	MIAMI, FL 33166

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:

Alfredo A. Pernas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/00

Date

(305) 883-8506

Daytime Phone #

CS2E001 (8/99)