


APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 OCT 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



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

DOCUMENT # M99000001112

1. Limited Liability Company's Name

PANAMERICAN BEVERAGES COMPANY, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address 701 Waterford Way		3. Mailing Office Address 701 Waterford Way	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.

4. State/Country of Formation DE/ New Castle County	
5. Date Organized or Qualified To Do Business in Florida 07/19/1999	
6. FEI Number 65-0930150	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Corpdirect Agents	
Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian St.	
Suite, Apt. #, Etc. Lower Level	
City Tallahassee	State / Zip Code FL 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Cynthia A. Hicks Date 10-30-00

REGISTERED AGENT MUST SIGN Cynthia A. Hicks

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PANAMERICAN BEVERAGES, INC.	Torre Dresdner Bank/Piso 7 Calle 50	Panama City, Rep. of Panama
MGR	SACCHI, PAULO J	701 Waterford Way Suite 800	Miami, FL 33126
MGR	FONSECA, ALEJANDRO J	701 Waterford Way Suite 800	Miami, FL 33126
MGR	ARTIGAS, CARLOS H.	701 Waterford Way Suite 800	Miami, FL 33126

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 10/26/00 Daytime Phone # (305) 929-0860

Typed or printed name of signing Managing Member/Manager _____

CH2E041 (9/95)