

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845964**

1. Corporation Name

BANCO SANTANDER CENTRAL HISPANO, S.A.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

~~701 BRICKELL AVENUE
SUITE 2410
MIAMI FL 33131
US~~

~~701 BRICKELL AVENUE
SUITE 2410
MIAMI FL 33131
US~~

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



900024297119
10/30/03--01079--007 **750.00

2. New Principal Office Address, If Applicable

1401 BRICKELL AVENUE

3. New Mailing Office Address, If Applicable

1401 BRICKELL AVENUE

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1980

Suite, Apt. #, etc.

~~1401 BRICKELL SUITE 1500~~

Suite, Apt. #, etc.

SUITE 1500

5. FEI Number

13-2617929

Applied For

City & State

MIAMI, FL

City & State

MIAMI, FL

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. 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	4 City / State / Zip
C	AMUSATEGUI, JOSE M	PLAZA DE CANALEJAS, 1	MADRID SP 28001
PD	GORGOSTEGUI, ANGEL SAENZ, ALFREDO	PLAZA DE CANALEJAS, 1	MADRID SP 28001
M	ARROJO, JOSE MANUEL	PLAZA CANALEJAS, 1	MADRID SP 28014
C	BOTIN, EMILIO	PLAZA CANALEJAS, 1	MADRID SP 28014
GM	TESTERMAN, GREGORY	701 BRICKELL AVENUE, SUITE 2410 1401 BRICKELL AVENUE, SUITE 1500	MIAMI FL 33131
M	PEREZ-HERNANDEZ, ENRIQUE LAGOS, ADOLFO	PLAZA CANALEJAS 1	MADRID SP 28014

8. Name and Address of Current Registered Agent

~~TESTERMAN, GREGORY~~
~~701 BRICKELL AVENUE~~ 1401 BRICKELL AVENUE
~~SUITE 2410~~ SUITE 1500
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date **10/9/03**

11. 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

(305) 373-2020
Daytime Phone #

CPRE040 (7/03)