## SE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

-		PLEA
API	PLICAT FOR	ION
REIN	STATE	MENT
DOCU	JMEN	Γ#
ORICA	EXPOR	T INC
Principal Pl	ace of Busine	SS
. 15500 NEW -MIAMI CITY	BARN ROAD. FL 33014	SUITE 104
سياسيعب		
If above a	ddresses are	incorrect in
2. New Pri	ncipal Office A	Address, If
Suite, Apt.	#, etc.	
City & State		
Zip	Miami	- Country
7. Names a	and Street Ad	dresses of
Title(s)	2	Na and

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

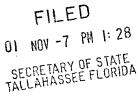
Secretary of State DIVISION OF CORPORATIONS

F00000004925

Mailing Address

15500 NEW BARN ROAD, SUITE 104 -MIAMI CITY FL 33014

REGISTERED AGENT MUST SIGN





بعد جين	and the second s		-		101		
	f above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable			Date Incorporated or Qualified     To Do Business in Florida     08/28/2000			
Suite, Apt. #, etc. Suite, Apt. #,		etc.		5. FEI Number		Applied For	
City & State Miami Lakes  City & State		City & State	Miami	Lakes		75-1586200	Not Applicable
Zip ~		- Zip		Country			Additional Fee required ra Certificate of Status
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprof	t corporations must list at	east 3 directors)		
Title(s)			Street Address of Ea Officer and/or Direct				
D	DARIVAS, ARTHUR	AVDA PROVIDENCIA 2286 PISO 2		2	SANTIAGO, CHILE		
D	MILLER, JOHN LESLIE	AVDA PROVIDENCIA 2286 PISO 2		2	SANTIAGO, CHILE		
D ·	TAYLOR, DAVID PHILLIP 9781 S. MERIDIAN		MERIDIAN BLVD. 4TH F	LOOR	ENGLEWOOD CO 80112		
OP	P LAFRATTA, SERGIO LUIS 15500 NEW B			W BARN ROAD, SUITE	IN ROAD, SUITE 104 MIAMI CITY FL 33014		
DP	THEREZO MENIN, MARCO ANTONIO 15500 NEW BARN			W BARN ROAD, SUITE	104	MIAMI CITY FL 33014	
T	BRIMM, JOHN WESLEY JR	_	3051 PORT & HARBOR DRIVE			BAY ST. LOUIS MS 39520	
8. Name and Address of Current Registered Agent				9. Name and	9. Name and Address of New Registered Agent		
				Name			M
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL-32301			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
				City		State FL	Zip Code
10. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of Section 607.0505, F.S.							
Laura R. Dunlap							

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. 500004716845--0 -12/10/01--01089--003 BOOKET FOOR HONIO THEREZO MENIN \*\* 101/201