

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 01 NOV -7 PM 1:28
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F00000004925

1. Corporation Name
ORICA EXPORT INC.

Principal Place of Business Mailing Address

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



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

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Miami Lakes** City & State **Miami Lakes**

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/28/2000**

5. FEI Number **75-1586200** Applied For Not Applicable

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
D	DARIVAS, ARTHUR	AVDA PROVIDENCIA 2286 PISO 2	SANTIAGO, CHILE
D	MILLER, JOHN LESLIE	AVDA PROVIDENCIA 2286 PISO 2	SANTIAGO, CHILE
D	TAYLOR, DAVID PHILLIP	9781 S. MERIDIAN BLVD. 4TH FLOOR	ENGLEWOOD CO 80112
DP	LAFRATTA, SERGIO LUIS	15500 NEW BARN ROAD, SUITE 104	MIAMI CITY FL 33014
DP	THEREZO MENIN, MARCO ANTONIO	15500 NEW 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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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.

Laura R. Dunlap
 as its agent

Signature of Registered Agent *Laura R. Dunlap* Date **11-6-01**

REGISTERED AGENT MUST SIGN

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: *Marco Antonio Therezo Menin* **MARCO ANTONIO THEREZO MENIN** *10/13/00 *305-731-9108

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Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2004 (8/01)