PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 31 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008804528
11/05/02--01047--021 **750.00

REINSTATEMENT 02

DOCUMENT # F01000004642

1. Corporation Name
BANCO PASTOR S.A.

2. Principal Office Address		3. Mailing Office Address	
Canton Pequeno 1-15003		200 S. Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 41 Floor	
City & State A Coruna		City & State Miami, FL	
Zip	Country Spain	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/30/2001

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard

Suite, Apt. #, Etc.: 41 Floor

City: Miami State: FL Zip Code: 33131

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 _____ Date 10/30/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	De Rabago, Carmele Arias	Canton Pequeno 1-15003	A Coruna, Spain
D	Mosquera, Vicente Arias	Canton Pequeno 1-15003	A Coruna, Spain
D	Mosquera, Jose Maria	Canton Pequeno 1-15003	A Coruna, Spain
D	De Rabago, Joaquin Arias	Canton Pequeno 1-15003	A Coruna, Spain
D	De Rosales, Ramon Linares	Canton Pequeno 1-15003	A Coruna, Spain
D	Del Corral, Alfonso	Canton Pequeno 1-15003	A Coruna, Spain

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: RAMON CORIAN CASARES, MANAGING DIRECTOR & Agent 10-30-02 (305) 579 52 13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 10/31/02