

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003296

1. Corporation Name

GRUPO COMO S.A.

2. Principal Office Address

AVENIDA 2, CALLES 38 Y 40

Suite, Apt. #, etc.

City & State

San Jose

Zip

Country

Costa Rica

3. Mailing Office Address

c/o Pedro Menocal

Suite, Apt. #, etc.

2525 Ponce de Leon Blvd. #400

City & State

Coral Gables, FL

Zip

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/26/2003

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pedro G. Menocal, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2525 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

Suite 400

City

Coral Gables

State

FL

Zip Code

33134

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 February 28, 2005

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Oscar Rivera Garita	AVENIDA 2, CALLES 38 Y 40	SAN JOSE, COSTA RICA
P/S	Eugenio Monge Montealegre	AVENIDA 2, CALLES 38 Y 40	SAN JOSE, COSTA RICA

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2005

Date

(305) 460-1032

Daytime Phone #

FILED

05 MAR 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300049838443
04/04/05--01083--004 **450.00

300049838443
04/04/05--01083--003 **150.00

CR2E081 (01/05)

ADORNO & YOSS
A LIMITED LIABILITY PARTNERSHIP
2525 PONCE DE LEON BOULEVARD, SUITE 400
MIAMI, FLORIDA 33134-6012
PHONE: (305) 460-1000, FAX: (305) 460-1422
WWW.ADORNO.COM

MARGARET O'D. RYDER
PARALEGAL

DIRECT LINE: (305) 460-1162
DIRECT FAX: (305) 503-8944
EMAIL: MOR@ADORNO.COM

March 18, 2005

VIA UPS

Tyrone Scott
Florida Secretary of State
Department of State
409 East Gaines Street
Tallahassee, FL 32399

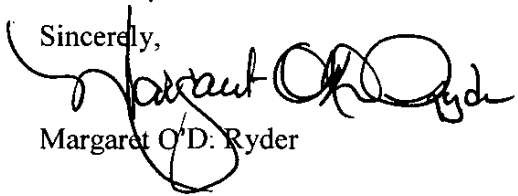
GRUPO COMO S.A.
CORPORATION REINSTATEMENT

Dear Mr. Scott:

Please be advised that the 2004 Annual Report for the captioned company was never received by such Company nor its Registered Agent. Enclosed herein is the original executed Corporation Reinstatement for Grupo Como S.A., which company was administratively dissolved in 2004 for failure to file their annual report. The Company never received the annual report notice, we believe, due to the Costa Rica mailing address, and that the registered agent changed firms last fall and that any notice that may have been sent to him was not forwarded. We respectfully request that all penalties be abated. Please note that we have corrected the Registered Agent's address and have changed the mailing address for this company to this firm's address to avoid any future delivery problems. Also enclosed is this firm's check made payable to the Florida Department of State in the amount of \$150.00 to cover the reinstatement fees. Please acknowledge receipt of this filing and fees by stamping the enclosed copy of this letter and return the same to me in the enclosed, self-addressed, stamped envelope.

If you have any questions, please call me at (305) 460-1162.

Sincerely,


Margaret O'D. Ryder

Enclosures