Florida Department of State
Division of Corporations
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To: Attn: Michelle Milligan
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 381-9982

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Email Address: _____

CORPORATION REINSTATEMENT
BANACOL MARKETING CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F54771

1. Corporation Name

BANACOL MARKETING CORPORATION

2010

REINSTATEMENT

CR2E001 (11/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
355 Alhambra Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1510	
City & State	City & State
Coral Gables, FL	
Zip / Country	Zip / Country
33134 US	

4. Date Incorporated or Qualified To Do Business in Florida 12/18/1981

5. FEI Number 59-2148171 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.

Suite, Apt. #, Etc.: 1500

City: Miami | State: FL | Zip Code: 33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0305, F.S.

Signature of Registered Agent: BY: [signature] Assistant Secretary — REGISTERED AGENT MUST SIGN

Date: 02/02/2010

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
OMCR	Natalia Henao	355 Alhambra Circle, Suite 1510	Coral Gables, FL 33134
PCEO	Victor Henriquez	Calle 53 No. 45-45 Oficina 1003	Medellin, Colombia
S	Juan D. Trujillo	Calle 26 Sur No 48-12	Medellin, Colombia
VPSA	Rosa E. Borchers	6210 Fulsher Lane	Madeira, OH 45243
VPSM	William J. Sheridan	16 Meadowlark Drive	East Northport, NY 11731
D	Juan M. Del Corral-Suescan	Carrera 50 No. 97 A Sur 150	La Estrella, › Medellin CO

10. E-mail Address: Natalia.Henao@banacol.com.co
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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] 2/25/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. MILLIGAN
EXAMINER

MAR -4 2010