2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000001448

1. Entity Name
BANCO DE SABADELL, S.A.

FILED
05 DEC 16 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11172005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
701 BRICKELL AVE STE 2100 MIAMI, FL 33131 US	701 BRICKELL AVE STE 2100 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0274511
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLADO-VILA, MAURICI
701 BRICKELL AVENUE, SUITE 2100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C OLIU I CREUS, JOSEP RIERACOMO CLARA 15 B AVELLA, SPAIN, 08328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300061757043 11/29/05--01059--011 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M NIN GENOVA, JUAN M PLAZA CATALUNYA 7 SABADELL, SPAIN, SP 08021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PERMANYER CUNILLERA, JOSE PLAZA CATALUNYA 7 SABADELL, SPAIN, SP 08021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change XX ☒ Addition Senior Vice President Llado-Vila, Maurici 701 Brickell Avenue, Suite 2100 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Maurici Lladó SVP 12/13/05 305-3501200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #