

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # F96000001929

1. Corporation Name

BISCAYNE SILVER, INC.

Principal Place of Business

Mailing Address

9700 COLLINS AVE BAL HARBOUR FL 33154 US

373 PARK AVE S NEW YORK NY 10016 US



REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

04/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1972294

Applied For

Not Applicable

City & State

City & State

White Plains NY

Zip

Country

Zip

Country

10606

USA

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include BORLETTI, MAURIZIO; IRAZABAL-Y AZQUETA, XAMER DE; GALLOT, JEAN-MARC; BERNSTEIN, RICHARD K.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAP SERVICES, INC. 526 E. PARK AVE. TALLHASSEE FL 32301

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code.

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.

Signature of Registered Agent Ed San... REGISTERED AGENT MUST SIGN

Date 10/31/00 AU

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: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/4-308-1000 Daytime Phone #