PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# 1. Cyrporation Name

F98000004624

FRUTICO DE GUATEMALA, S.A.

Principal Place of Business

Mailing Address

7 A. CALLE "A" 3-25, 20NA 10 GUATEMALA CITY, GUATEMALA OC

7 A. CALLE "A" 3-25. ZONA 10 GUATEMALA CITY, GUATEMALA

FILED 99 OCT 28 PM 7: 28 SECRETARY OF STATE TALLARASSEE, FLORIDA

REINSTATEMENT 9	J.W

New Principal Office Address, If Applicable New Principal Office Address, If Applicable New Principal Office Address, If Applicable						Date Incorporated or Qualified To Do Business in Florida 06/10/1998					
Suite, Apt. #, etc. Suite, Apt. #, 1298 NW			w 10Th Ave.			5. FEI Number 65-0914566 -231112 Applied APPLIED FOR Nut App					
City & State			City & State Miami, Florida			6.	Not Applicable				
Zip Country Zip 33136			Country			T .	CERTIFICATE OF STATUS DESIRED 58.75 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)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
XX S	ING_LORGE ROSERTO A			7 A. CALLE "A" 3-25, ZONA 10 7a. Calle "A" 3-25, Zona 10			GUATEMALA CITY, GUATEMALA				
r	ING, CHRISTIAN ALEX E Christian Rasch T.			VIA 4, 5-52, ZONA 4, GUATEMALA C			A C	GUATEMALA			
D C	ING, JUAN OLAF R Juan Olaf Rasch T.			VIA 4, 5-52, ZONA 4, GUATEMALA C				GUATEMALA			
R CPA	Myrna Chivichon N.			7 A. CALLE "A" 3-25, ZONA 10			GUATEMALA CITY, GUATEMALA				
X T	DOREY, ANTHONY			7 A. CALLE "A" 3-25, ZONA 10			GUATEMALA CITY, GUATEMALA				
% M	DURAN, JOSE JULIAN G			7 A. CALLE "A" 3-25, ZONA 10				GUATEMALA CITY, GUATEMALA			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
ZAMORA, ALEJANDRO A 1298 NW 10TH AVE. MIAMI FL 33168				Stree 129 Suite	Name ZAMORA ALEJANDRO A						
		·····			M:	iami			3.	3136	
10. I, being		e registered agent of the ab			amiliar with and	accept the ob	rigations of Sectlo	on 607.0505, F.S.			

Signature of Registered Agent

AGENT MUST SIGN

Date 10-22-99

11. I certify that I am an officer or director or the receiver or trunee 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.

ER OR DIRECTOR

SIGNATURE: JUNGE A. CONTROL NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR SIGNATURE AND TYP

October 21, 1999