

APPLICATION

FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 OCT 23 AM 9:26

DOCUMENT # F99000002321

1. Corporation Name

LATIN AMERICAN ACCESS CORP.

Principal Place of Business

Mailing Address

~~100 SE 2ND ST., NATIONS BANK TOWER  
 37TH FLOOR  
 MIAMI FL 33131~~

~~100 SE 2ND ST., NATIONS BANK TOWER  
 37TH FLOOR  
 MIAMI FL 33131~~



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

~~4770 BISCAYNE BLVD~~

~~4770 BISCAYNE BLVD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE # 700~~

~~SUITE 700~~

City & State

City & State

~~MIAMI, FLORIDA~~

~~MIAMI, FL~~

Zip

Country

Zip

Country

~~33137 USA~~

~~33137 USA~~

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1999

5. FEI Number

65-0951980

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDC	ZUNIGA, LUIS	100 SE 2ND ST., NATIONS BANK TOW	MIAMI FL 33131
VCD	BRITO, LEONARD F	1001 BRICKELL BAY DRIVE, SUITE 3	MIAMI FL 33131
DS	BENTATA, ARIEL	100 SE 2ND ST., NATIONS BANK TOW	MIAMI FL 33131
T	BENTATA, DAPHNA	100 SE 2ND ST., NATIONS BANK TOW	MIAMI FL 33131

100003456001-0  
 -11/07/00-0116-007  
 \*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

BRITO, LEONARD F  
 1001 BRICKELL BAY DRIVE, SUITE 3000  
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** 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

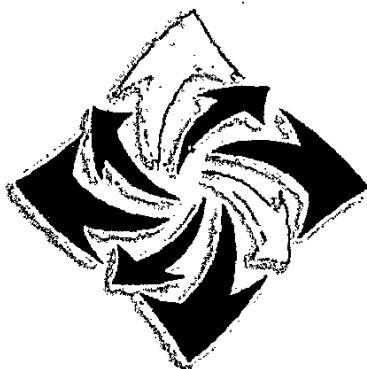
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/19/2000

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 10/19/00 (305) 961-3900  
 Daytime Phone #



Latin American  
**ACCESS**  
*Internet Accelerator*

October 19,2000


Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl 32314-6327

Attn: Reinstatement Department

Document # F99000002321

Please be aware that we moved from the 100 SE 2<sup>nd</sup> Street, Nations Bank Tower 37<sup>th</sup> Floor Miami, Fl 33131 over 10 months ago and we notified Florida Department of State the changes, We will appreciate reviewing our account and wave the penalties fees. We have enclosed a check in the amount of \$150.00 for the annual fee. The Correct address to send future correspondence is 4770 Biscayne Blvd. Suite # 700 Miami, Florida 33137.

Thank you in advance for helping us in this matter.  
If you have any question do not hesitate to call me at (305) 961-3915.

Regards,  
  
Nedda Ryan  
Finance Department