PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000004991

1. Corporation Name

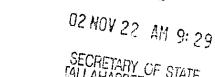
BANMETROPOLITANO CORP.

Principal Place of Business

1101 S VERMONT AVE

SUITE 112 GOLD PLZA LOS ANGELES CA 90006 Mailing Address

1101 S VERMONT AVE SUITE 112 GOLD PLZA LOS ANGELES CA 90006





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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2/p

Country

Zip

Country

Certificate of Status

Zip	Country	Zip	Country	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and/o	r Director (Florida	nonprofit corporations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P	MACDONALD, FRANCISCO J.A.	41	41 AVENIDA 14-22 ZONA 10		GUATEMALA CITY, GUATEMALA	
D	CARDENAS, PATRICIA DE		12-AVENIDA 1878 ZONA 2- 16 C.4-53 z.10 Edif.Marbe		CUATEMALA CITY, CUATEMALA 211a, Guatemala City, Guate	
D	RUIZ PINTO, ROBERTO		9A CALLE 34-47, ZONA 4 DE MIXCO		BOSQUES DE SAN NICOLAS,GUAT.	
MGR	PIZZO, JOSE	110	O1 S VERMONT AVE STE 112		LOS ANGELES CA 9	0006
	VELA, SONIA			20	UOU9355	262
D	MÉNDEZ R., LUIS ALF		5 C. 4-53,z.10 E		0201082013 bella Guatem	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Attn: Mr. Diego L. Restrepo

CORPORATION COMPANY OF MIAMI

201 SOUTH BISCAYNE BLVD., SUITE 1500

MIAMI FL 33131

Suite, Apt. #, Etc.

1500 Miami Center

City

MIAMI

State Zip Code

MIAMI

FL 33131

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. or 617.0505, F.S.

Signature of Registered Agent _

REGISTERED AGENT MIST SAN

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

SINATURE HIS HIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

10-07-02 (213)427-761

Dat