

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02



195-4479525

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1999

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MACDONALD, FRANCISCO J.A.	41 AVENIDA 14-22 ZONA 10	GUATEMALA CITY, GUATEMALA
D	JUAREZ PEREZ, OSCAR M CARDENAS, PATRICIA DE	12 AVENIDA 10-70 ZONA 2 16 C.4-53 z.10 Edif.Marbella	GUATEMALA CITY, GUATEMALA Guatemala City, Guate.
D	RUIZ PINTO, ROBERTO	9A CALLE 34-47, ZONA 4 DE MIXCO	BOSQUES DE SAN NICOLAS, GUAT.
MGR	PIZZO, JOSE VELA, SONIA	1101 S VERMONT AVE STE 112	LOS ANGELES CA 90006
D	MENDEZ R., LUIS ALFREDO	16 C. 4-53, z.10 Edif.Marbella	Guatemala, Guate.

8. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Attn: Mr. Diego L. Restrepo
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd.

Suite, Apt. #, Etc.

1500 Miami Center

City

MIAMI

State

FL

Zip Code

33131

CR2E040 (8/02)

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

Timothy J. Murphy
REGISTERED AGENT MUST SIGN

Date 17 NOV 02

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:

Francisco J.A. Macdonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-02 (213) 427-7611