

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 30 PM 10:24


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400102202224
05/11/07--01011--021 **150.00

REINSTATEMENT 04-07

CR2E081 (1/07)
12/18/06 01005 014 450.00

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F49000004991

1. Corporation Name

Banmetropolitano Corp.

2. Principal Office Address - No P.O. Box #

1101 S. Vermont Ave.

Suite, Apt. #, etc.

Suite # 112

City & State

Los Angeles, CA

Zip

90006

Country

U.S.A.

3. Mailing Office Address

1101 S. Vermont Ave.

Suite, Apt. #, etc.

Suite # 112

City & State

Los Angeles, CA

Zip

90006

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Agents and Corporations, Inc.

Street Address (P.O. Box Number is Not Acceptable)

300 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 101-330

City

Naples

State

FL

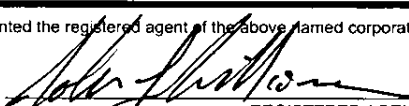
Zip Code

34102

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 4-17-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Francisco Jose Alvarado	4a. Ave. 14-22 Zona 10	Guatemala, Guatemala
D	Carlos Orlando De Leon	4a. Ave. 14-22 Zona 10	Guatemala, Guatemala
D	Sandra Patricia Corderias	4a. Ave. 14-22 Zona 10	Guatemala, Guatemala
D	Luis Alfredo Mendez	4a. Ave. 14-22 Zona 10	Guatemala, Guatemala
M	Norma Cecilia Orellana	1101 S. Vermont Ave. Suite #112	Los Angeles, CA 90006

10. 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 contained in Chapter 119, 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:

Cecilia Orellana Norma Cecilia Orellana

4/5/07

(213) 427-7610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07