, PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	IM.	
AMPLICATION FOR REINSTATEMENT	LORIDA C BIM	TONS	6		FILED YOUSTATE FLORIDA	
DOCUMENT # K22962 1. Corporation Name				SECRETA	-2 AM	
7911 N.W. 79 INC	Principal Place of Business	2-96		AHASSE	YOF STATE	
c/o Citibank c/o Citibank 8750 Doral Blvd. 8750 Doral Blvd. Miami, FL 33178 Miami, FL 33178					·OA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 5/2/88			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number			
City & State	City & State		65	-0050762	Applied For Not Applicable	
Zip Country	Zip Country	y	6. CERTIFICATE	OF STATUS DESIRED X	58 75 Additional Fee required For a Certificate of Status	
7. Names and Street Addresses of Each Officer and/						
Title(s) Sand/or Directors Officer		eet Address of Each icer and/or Director se Post Office Box N		City	y / State / Zip	
-						
/CEE ADDA CUED LION	OR OFFICER AND DA					
(SEE ATTACHED LIST	OF OFFICERS AND DI	RECTORS)				
				.		
				7000020336478 -12/19/9601031008		
			***1306.25 ***1306.25			
		·				
8. Name and Address of Current Registered Agent Name			9. Name and A	Address of New Registe		
Richard M. Sassi	Name Street Address (P.O. Box Number is Not Acceptable) Suite Acceptable					
c/o Citibank 8750 Doral Blyd.			•			
Miami, FL 33178	City			State Zip Code		
10. I, being appointed the registered agent of the abo	ove named corporation, am familiar wi	I ith and accept the ol	bligations of Secti		<u> </u>	
Signature of Puch Signature of Pagent Puch Sig						
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)						
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No x (See other side for information on Intangible tax.)						
13. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from cubic access. I certify that I am an officer or director or the receiver or instead empowered to execute this application as provided for in chapter 60? or 61?, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 60?.0401 or 61?,0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.						

11/21/96 Date (305) 599-5807 Daytime Phone #

SIGNATURE: VP/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIDENIN OFFICER OR DIRECTOR

STATE OF FLORIDA APPLICATION FOR REINSTATEMENT

7911 N.W. 79, INC. Document # K22962

7. Names and Street Addresses of Each Officer and/or Director

City/State/Zip	Miami, Florida 33178 Miami, Florida 33178 Miami, Florida 33178 San Francisco, CA 94104
Address	8750 Doral Blvd. 8750 Doral Blvd. 8750 Doral Blvd. 1 Sansome St., 27th Floor
Name	Carlos Palomares Richard M. Sassi Thomas F. Acton Dale C. Lock
Iffe	D/P D/VP/S D/CFO AS

Note: "AS" designates Assistant Secretary