

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # LI9856

1. Corporation Name

CENTRICA SECURITIES CORP.

2. Principal Office Address

100 S.E. 2nd Street

3. Mailing Office Address

100 S.E. 2nd Street

Suite, Apt. #, etc.

17th Floor/RDS

Suite, Apt. #, etc.

17th Floor/RDS

City & State

Miami, FL

City & State

Miami, FL

4. Date Incorporated or Qualified To Do Business in Florida

09/29/1989

5. FEI Number

65-0154884

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee Required for a Certificate of Status

REINSTATEMENT 99-07

7. Name and Address of Current Registered Agent

Name

SHINDLER, RONALD D.

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

100 S.E. 2nd Street,

Suite, Apt. #, Etc.

17th Floor

City

Miami

State  
FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent

*Ronald D. Shindler*

REGISTERED AGENT MUST SIGN

Date

4/11/01

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
DCP	BAUER RODRIGUEZ, FEDERICO	100 SE 2 AVE. 17 FLOOR	MIAMI, FL 33131
DVCT	ARROYAVE DE ASTURIAS, IRENE	100 SE 2 AVE. 17 FLOOR	MIAMI, FL 33131
DEVP	MOLINA ARATHOON, PEDRO	100 SE 2 AVE. 17 FLOOR	MIAMI, FL 33131

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 under section 119.07(3)(c), 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:

*Maria Irene Arroyave Gonzalez de Asturias*

MARIA IRENE ARROYAVE GONZALEZ DE ASTURIAS

04/05/01

(502) 3662790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #