

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 JAN 22 AM 11:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 000000020013 1. Corporation Name QUINED TRUST CORPORATION					
2. Principal Office Address 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA		3. Mailing Office Address 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA		900010398839 01/21/03--01099--001 **850.00 01-23-03 01041-003 \$50.00 4. Date Incorporated or Qualified To Do Business in Florida 2/25/00 5. FEI Number 65-0983979 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CARLOS J. VILLANUEVA Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BOULEVARD Suite, Apt. #, Etc. SUITE 600 City CORAL GABLES					
				State FL	Zip Code 33134
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 <u>Carlos J. Villanueva</u> Date <u>11/10/02</u> REGISTERED AGENT MUST SIGN					
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		
PS	QUINTERO, JUAN GUILLERMO	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134		
VP	EDWARDS, VIRGINIA Q.	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134		
VP	EDWARDS, REMUS	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134		
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)(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: <u>Juan Guillermo Quintero</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Juan Guillermo Quintero</u> PRESIDENT		11/10/02 305-377-0812 Date Daytime Phone #	