


1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 11 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000069560					
1. Corporation Name KATALYX, INC.					
2. Principal Office Address 1221 Brickell Avenue Suite, Apt. #, etc. 6th Floor City & State Miami, FL Zip 33131			3. Mailing Office Address 1221 Brickell Avenue Suite, Apt. #, etc. 21st Floor, c/o Patricia Menendez-Cambo City & State Miami, FL Zip 33131		
Country U.S.A.		Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 7/20/2000	
5. FEI Number 52-2226382				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

03
MPS

7. Name and Address of Current Registered Agent		
Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301-2525

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 Cynthia L. Harris **Cynthia L. Harris as its agent** Date 12/11/03

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
P/D	Eliseo Sanchez Trasobares	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
CFO/D	Javier Fedriani	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
T/D	Vicente Sanchez Cabezon	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
S/D	Cristina Pareja Pallares	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
			800025433308

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: Eliseo Sanchez Trasobares **ELISEO SANCHEZ TRASOBARES** Date 12/8/03 Daytime Phone # 34913375402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



292

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 356122 4303929

AUTHORIZATION : *Patricia Higgins*

COST LIMIT : \$ 750.00

ORDER DATE : December 11, 2003

ORDER TIME : 2:24 PM

ORDER NO. : 356122-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Antje Becker
Greenberg Traurig, P.a.
18th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: KATALYX, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS _____