2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2004
Secretary of State

DOCUMENT# P03000096282

Entity Name: GRUPO REGIONAL S.A., INC.

Current Principal Place of Business:

500 LINCOLN ROAD STE 500
MIAMI BEACH, FL 33139

New Principal Place of Business:

10826 SW 148 AVE DR.
MIAMI, FL 33196 US

Current Mailing Address:

500 LINCOLN ROAD STE 500
MIAMI BEACH, FL 33139

New Mailing Address:

10826 SW 148 AVE DR.
MIAMI, FL 33196 US

FEI Number: 16-1682753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAPPINI, OMAR
407 LINCOLN ROAD STE 500
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ZARATE, JOSE
10826 SW 148 AVE DR.
MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE ZARATE 12/15/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCAPPINI, OMAR
Address: 407 LINCOLN ROAD STE 500
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD (X) Delete
Name: ZARATE, JOSE
Address: 407 LINCOLN ROAD STE 500
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZARATE, JOSE
Address: 407 LINCOLN ROAD STE 503
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ZARATE PD 12/15/2004
Electronic Signature of Signing Officer or Director Date