PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000151378

1. Corporation Name

Creacion de Capitales Fund I, Inc.

REINSTATEMENT 06-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
Calles 33 y 35, Avenida 7	Calles 33 y 35, Avenida 7
Suite, Apt. #, etc: Barrio Escalante	Suite, Apt. #, etc. Barrio Escalante
City & State: San Jose	City & State: San Jose
Zip / Country: Costa Rica	Zip / Country: Costa Rica

4. Date Incorporated or Qualified To Do Business In Florida: 11/14/2005

5. FEI Number: 20-4651988 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: K. Taylor White

Street Address (P.O. Box Number is Not Acceptable): Stearns Weaver Miller Weissler Alhadeff & Sitterson

Suite, Apt. #, Etc: 150 West Flagler Street, Suite 2200

City: Miami | State: FL | Zip Code: 33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: K. Taylor White — REGISTERED AGENT MUST SIGN — Date: August 9, 2007

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
D/P	Carlos Chotocruz Ortiz	Calles 33 y 35, Avda 7 Barrio Escalante	San Jose, Costa Rica
D/S	Carlos Abarca Jimenez	Calles 33 y 35, Avda 7 Barrio Escalante	San Jose, Costa Rica
D/T	Carlos Gonzalez Camacho	Calles 33 y 35, Avda 7 Barrio Escalante	San Jose, Costa Rica
D/VP	Juan Carlos Herrera Raven	Calles 33 y 35, Avda 7 Barrio Escalante	San Jose, Costa Rica

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: Carlos Abarca Jimenez — August 9, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CREACION DE CAPITALES FUND I, INC.

Certificate of Status	0
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