PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN -1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22350

1. Corporation Name

BANCO BILBAO VIZCAYA, S.A.

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
1 Biscayne Tower, 2 S. Biscayne Blvd.	1 Biscayne Tower, 2 S. Biscayne Blvd.
Suite, Apt. #, etc. #3301	Suite, Apt. #, etc. #3301
City & State Miami, FL	City & State Miami, FL
Zip 33131 / Country U.S.	Zip 33131 / Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 12/29/88

5. FEI Number 133491492 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Manuel Zubiria

Street Address (P.O. Box Number is Not Acceptable): 1 Biscayne Tower, 2 Biscayne Blvd.

Suite, Apt. #, Etc.: Suite 3301

City: Miami — State: FL — Zip Code: 33131

200003310842--2
-07/03/00--01029--003
*****900.00 *****900.00
200003310842--2
-07/03/00--01029--004
******8.75 ******8.75

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: Manuel Zubiria — Date: 5/31/00

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	De Ybarra Y Churruca, E.	Plaza San Nicolas 4	Bilbao, Spain
P	Gonzalez, Francisco	Plaza San Nicolas 4	Bilbao, Spain
CEO	Vriate, P L	Plaza San Nicolas 4	Bilbao, Spain
EVP	Zubiria, Manuel	530 N Mashta Drive	Key Biscayne, FL 33149
EVP	Zumalacarregui, Carlos	1 Biscayne Tower,#3301 2 Biscayne Blvd.	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)(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: Manuel Zubiria — 5/31/00 — 305-371-7544

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