

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 APR 24 AM 8:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P30396

1. Corporation Name

ITOCHU LATIN AMERICA, S.A.

Principal Place of Business Mailing Address
 c/o Peninsula Registered Agents, Inc. 2775 NW 82nd Avenue
 200 S. Biscayne Blvd. Miami, FL 33122
 Suite 4874
 Miami, FL 33131

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/1/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0206028	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P	Hirota, Shigenori	Bayside Tower 25 Winston Churchill Ave.	Patilla, Panama
D/S/T	Nakajima, Satoshi	Torre 200, Los Delfines Balboa Ave.	Marbella, Panama
D	Hikasa, Toru	Torre 200 Los Delfines Balboa Ave.	Marbella, Panama
D	Sannohe, Noboru	Edificio Villa Themis Tartago El Pedregal St.	Caracas, Venezuela
D	Ota, Yasuyoshi	Edif. Mansao Dos Nobres Rafael de Barros St.	Sao Paulo, Brasil
D	Fuse, Mitsuo	Ave. 15# 127A-33	Bogota, Colombia

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Peninsula Registered Agents, Inc. 200 S. Biscayne Boulevard Suite 4874 Miami, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300002157983--1 City -04/29/97--01051--009 ****91500 FL ****915.00	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: *Debra Kirschner* Date *April 22, 1997*
 Debra Kirschner, Vice President

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 *Shigenori Hirota* Date *4/21/97* Daytime Phone # *305/592-8718*
 SHIGENORI HIROTA, Pres.