FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 10 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030039

1. Corporation Name

S.P.-1, INC.
c/o HUNTON & WILLIAMS LLP

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1111 BRICKELL AVENUE	1111 BRICKELL AVENUE
Suite, Apt. #, etc. SUITE 2500	Suite, Apt. #, etc. SUITE 2500
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 / Country USA	Zip 33131 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/20/1994

5. FEI Number ✔ 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: Fernando C. Alonso, c/o Hunton & Williams LLP

Street Address (P.O. Box Number is Not Acceptable): 1111 Brickell Avenue 000024573980 11/10/03--01114--012 **1350.00

Suite, Apt. #, Etc.: Suite 2500

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

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 _____ Date 10/ /2003

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
D	Simon Parra Gil	c/o Hunton & Williams	
		1111 Brickell Avenue	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: _____ 10/08/03 305-810-2570

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