PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P 95000051024

1. Corporation Name

GAMMA CHEMICAL CORPORATION

REINSTATEMENT 96-04

2. Principal Office Address	**3.** Mailing Office Address
6103 NW 116th PLACE	SAME
Suite, Apt. #, etc.: 457	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33178 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0754927 — [X] 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 A CASTILLO

Street Address (P.O. Box Number is Not Acceptable): 6103 NW 116th PLACE

Suite, Apt. #, Etc.: 457

City: MIAMI | State: FL | Zip Code: 33178

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 A Castillo — Date: FEBRUARY 20 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES	MANUEL A CASTILLO	6103 NW 116th PLACE STE 457	MIAMI FLORIDA 33178
SEC	MANUEL A CASTILLO CAMPOS	AVE 8 QTA YOROSMA ALTO PRADO	CARACAS VENEZUELA D F
TREAS	MARIA DEL R CASTILLO	AVE 8 QTA YOROSMA ALTO PRADO	CARACAS VENEZUELA DF

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 A Castillo — MANUEL A CASTILLO-PRES. — 2/20/2004 — 305 335 5036

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