APPROVED AND FILED

FAX AUDIT NO.: H02000032960 5

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 FEB -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000100847

1. Corporation Name

Clamma Corporation

REINSTATEMENT 1999-2002

2. Principal Office Address	3. Mailing Office Address
c/o Murai Wald Biondo & Moreno, P.A. 25 S.E. 2nd Avenue	
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/97

5. FEI Number: [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
Murai Wald Biondo & Moreno, P.A.

Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Avenue

Suite, Apt. #, Etc.
Suite 900

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: Murai Wald Biondo & Moreno, P.A. By: M Cristina Moreno, Vice President — Date: 2/7/02

REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

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	Sara Valenzuela	Avenida Quintana 250 6 FL.	Buenos Aires (1014)
D/P	Jorge Pereyra de Olazabal	Avenida Quintana 250 6 FL.	Buenos Aires (1014)
D	Maria Pereyra de Olazabal	Avenida Quintan 250 6 FL.	Buenos Aires (1014)

10. I certify that I am an officer or director of the corporation 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: Jorge Pereyra de Olazabal

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

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)358-5900
Fax Number : (305)358-9490

CORPORATION REINSTATEMENT

CLANMA CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00