

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
S. B. North  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -2 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033969

1. Corporation Name

LINK EMERGING MARKETS CORP.

Principal Place of Business

1401 BRICKELL AVE.  
SUITE 1130  
MIAMI, FL 33131

Mailing Address

1401 BRICKELL AVE.  
SUITE 1130  
MIAMI, FL 33131

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

2. New Principal Office Address, if Applicable  
680 ALLENDALE RD.

Suite, Apt. #, etc.

City & State  
KEY BISCAYNE, FL

Zip  
33149

Country  
USA

3. New Mailing Office Address, if Applicable  
680 ALLENDALE RD.

Suite, Apt. #, etc.

City & State  
KEY BISCAYNE, FL

Zip  
33149

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1998

5. FEI Number

65-0838296

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$9.75 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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do Not Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D/P           | FRANCISCO J. MARTINEZ                     | 680 ALLENDALE RD.  | KEY BISCAYNE, FL 33149  |
|               |   |  |                         |
|               |   |  |                         |
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200003129882--8  
-02/03/00--01086--012  
\*\*\*\*300.00 \*\*\*\*300.00

SP

8. Name and Address of Current Registered Agent

JOHN S. FLETCHER ESQ.  
200 S. BISCAYNE BLVD., STE. 5300  
MIAMI, FL 33131-2339

9. Name and Address of New Registered Agent

Name  
FRANCISCO J. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)  
680 ALLENDALE RD.

Suite, Apt. #, Etc.

City  
KEY BISCAYNE

State  
FL

Zip Code  
33149

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/14/2000

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

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 name 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:

*[Signature]*

FRANCISCO J. MARTINEZ

1/14/00

(305) 365-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)