

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 26 PM 1:40

DOCUMENT # P99000099483

1. Corporation Name
CAPITAL INTERNATIONAL INVESTMENTS & CONSULTANTS, INC.

2. Principal Office Address
ALHAMBRA INTERNATIONAL CENTRE

3. Mailing Office Address
ALHAMBRA INTN'L CENTRE

Suite, Apt. #, etc.
255 ALHAMBRA CIRCLE, #720

Suite, Apt. #, etc.
255 ALHAMBRA CIRCLE, #720

City & State
CORAL GABLES, FL 33134

City & State
CORAL GABLES, FL 33134

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/12/1999

5. FEI Number
65-0961146

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name
GUILTERMO ANDRADE

500003912905-6

Street Address (P.O. Box Number is Not Acceptable)
ALHAMBRA INTERNATIONAL CENTRE

~~03/27/01 01096~~ 020
****908.75 ****908.75

Suite, Apt. #, Etc.
255 ALHAMBRA CIRCLE, SUITE #720

City
CORAL GABLES

State Zip Code
FL 33134

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 **1/24/2001**

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
PSD	ALFREDO ESPINOZA	255 ALHAMBRA CIRCLE, #720	CORAL GABLES, FL333134
VD	ALFREDO E. ARUJO	255 ALHAMBRA CIRCLE, #720	CORAL GABLES, FL 33134
VD	FLOR MARINA OROPEZA	255 ALHAMBRA CIRCLE, #720	CORAL GABLES, FL 33134
TD	LINDA A. OROPEZA	255 ALHAMBRA CIRCLE, #720	CORAL GABLES, FL 33134
			AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001
Date

305-444-8800
Daytime Phone #

CR2E081 (9/99)