

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 1:32 DEPT. OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S 01926			
1. Corporation Name The Latin American Stock Exchange, Inc.			
Principal Place of Business New World Tower, Suite 2904 100 N. Biscayne Blvd. Miami, Florida 33131		Mailing Address _____ _____ _____	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 9/25/1990		5. FEI Number 65-0264538	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Roberto Gonzalez-Pelaez	100 North Biscayne Blvd. Ste. 2904	Miami, FL 33131
D	Richard Perez-Canosa	610 San Juan Drive	Coral Gables, FL 33143
D	Adrien J. Corbett	5020 North Bay Rd.	Miami Beach, FL 33140
			2000002881622-0 -04/07/99--01007--011 ****150.00 ****150.00
			2000002881622-0 -04/07/99--01007--012 ****750.00 ****750.00
8. Name and Address of Current Registered Agent Roberto Gonzalez-Pelaez 7720 Camino Real, # E-312 Miami, FL 33143		9. Name and Address of New Registered Agent Name Robert B. Macaulay Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Ave., Ste 2200 Suite, Apt. #, Etc. City Miami State FL Zip Code 33131	
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 <i>Robert B. Macaulay</i> Date 2/25/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 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: <i>Adrien J. Corbett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/25/99 Daytime Phone # 305-864-3793	