

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11561

1. Corporation Name

SON TRUST INTERNATIONAL INVESTMENT CORPORATION

Principal Place of Business

525 N.W. 27TH AVENUE
SUITE 105
MIAMI FL 33125-3085
US

Mailing Address

525 N.W. 27TH AVENUE
SUITE 105
MIAMI FL 33125-3085
US

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



REINSTATEMENT 2002

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

11/08/1990

5. FEI Number

65-0227191

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GARCIA, EDUARDO	525 NW 27TH AVENUE, #105	MIAMI FL 33125
TD	CHOCANO, JOSE J.	ALEJANDRO DAUSTUA 159	MIRAFLORES LIMA PERU
SD	GARCIA-RUBIO, MANUEL J.	9630 SW 9 TER	MIAMI FL

400008632884
10/28/02 01110 010 **750.00

8. Name and Address of Current Registered Agent

GARCIA-RUBIO, MANUEL J.
9630 SW 9 TERR
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Manuel J. Garcia-Rubio
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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 J. Garcia-Rubio
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002 (305)

Date

Daytime Phone #

CR2E040 (8/02)