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PLEASE READ ALL INSTRUCTIONS ON THE FRONT OF THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

03 JUN 26 PM 3:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F00000001961

1. Corporation Name

NANBEI US INC.

Principal Place of Business

C/O RICHARD REID // DOW JONES & COMPANY 4300 NORTH ROUTE 1 SOUTH BRUNSWICK NJ 08852

Mailing Address

C/O RICHARD REID // DOW JONES & COMPANY 4300 NORTH ROUTE 1 SOUTH BRUNSWICK NJ 08852



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

2. New Principal Office Address, if Applicable

801 Brickell Avenue

Suite, Apt. #, etc Suite 1550

City & State Miami, FL

Zip 33131

Country USA

3. New Mailing Office Address, if Applicable

Apoquindo 4499, Piso 10

Suite, Apt. #, etc Las Condes

City & State Santiago

Zip

Country Chile

4. Date Incorporated or Qualified To Do Business in Florida

04/07/2000

5. FEI Number

13-5034940

Applied For

Not Applied

6. CERTIFICATE OF STATUS DECREE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include SELMAN, ELIAS; INSELCA, CARLOS; REID, RICHARD; MOORE, THOMAS; ROOSE, KAREN; WADSWORTH, PATRICK.

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Avenue

Suite, Apt. #, Etc 28th Floor

City Miami

State FL

Zip Code 33131

10. I am appointing the registered agent of the above named corporation, and I accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. American Information Services, Inc.

Signature of Registered Agent

[Signature]

Nery C. Toledo, Asst. Sec. REGISTERED AGENT MUST SIGN

Date June 26, 2003

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 I file 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 taxes 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)(b), F.S. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Elias Selman, President

6/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

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

From:

Dora C. Toledo, Legal Asst
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

NANBEI US INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75

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