


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F9500000219 <small>1. Corporation Name</small> South Capital Company, Inc.		800005765938--7 -06/13/02--01071--015 *****908.75 *****908.75	
2. Principal Office Address 1229 Broadway <small>Suite, Apt. #, etc.</small> City & State Hewlett, NY <small>Zip</small> 11557 <small>Country</small> US		3. Mailing Office Address 14973 River's Edge Ct. <small>Suite, Apt. #, etc.</small> Apt 109 City & State Fort Myers, FL <small>Zip</small> 33908 <small>Country</small> US	

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 01/12/95	
5. FEI Number 113034275	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Carlos Cavallini	
Street Address (P.O. Box Number is Not Acceptable) 14973 River's Edge Ct.	
Suite, Apt. #, Etc. Apt 109	
City Fort Myers	State FL
Zip Code 33908	

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 [Signature] Date 5/28/02

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
P	Gabriel Buteler	Ave LN Alem 822 6th Floor	Buenos Aires, Argentina 1001
V	Carlos Cavallini	14973 River's Edge Ct. 109	Fort Myers, FL 33908
S	Juan Peralta Ramos	Ave LN Alem 822 6th Floor	Buenos Aires, Argentina 1001
			<u>[Signature]</u>

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] Date 5/28/02 239-433-4723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)