

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 PM 2:56

DOCUMENT # N01000003511

1. Corporation Name

ALAYA FOUNDATION, INC.

500156512635
05/28/09--01020--002 **253.75

REINSTATEMENT 06-09K5

2. Principal Office Address - No P.O. Box #

110 WALL STREET

3. Mailing Office Address

110 WALL STREET

Suite, Apt. #, etc.

18TH FLOOR

Suite, Apt. #, etc.

18TH FLOOR

City & State

NEW YORK, NEW YORK

City & State

NEW YORK, NEW YORK

Zip

10005

Country

USA

Zip

10005

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/21/2001

5. FEI Number
391779503

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Wayne Rafanelli, V.P.
REGISTERED AGENT MUST SIGN

Date May 18, 2009

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
D	ESTER CANADAS	CAPITAL E, 509 MADISON AVE. ST. 6	NEW YORK, NY 10022
D	IGNACIO M. FONCILLAS	110 WALL STREET, 18TH FLOOR	NEW YORK, NY 10022

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2009 646-218-8651
Date Daytime Phone #