

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736359

1. Corporation Name

COLOMBIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT  
ER MIAMI, INC.

Principal Place of Business

Mailing Address

2355 SALZEDO ST  
SUITE 200 316  
CORAL GABLES FL 33134  
US

2355 SALZEDO ST  
SUITE 200-316  
CORAL GABLES FL 33134  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2355 Salzedo St  
Suite, Apt. #, etc.  
Suite 316  
City & State  
Coral Gables Fla

2355 Salzedo St  
Suite, Apt. #, etc.  
Suite 316  
City & State  
Coral Gables Fla

Zip 33134 Country U.S.A

Zip 33134 Country U.S.A

REINSTATEMENT

2000

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1976

5. FEI Number

59-2775981

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
1/D	CORDOVEZ, ERNESTO	2 S. BISCAYNE BLVD- 30TH FLR	MIAMI FL 33131
1/D P	ROJAS, MARCO	520 BRICKELL KEY DRIVE., STE 0-3	MIAMI FL 33129
1/D	DAVILA, VICENTE	2430 BRICKELL AVENUE., APT 304A	MIAMI FL 33129
1/D V P	RANDALL, GEOFFREY	201 S. BISCAYNE BLVD., #1500	MIAMI FL 33131
1/D	ECHEVERRI, FERNANDO	3 GROVE ISLE DRIVE., SUITE 1601	MIAMI FL 33133
1/D	FERREZ, DANIEL	1401 BRICKELL AVENUE., #1500	MIAMI FL 33131

8. Name and Address of Current Registered Agent

GARAYTO, EMA Lewis, Jose Victor  
2355 SALZEDO STREET  
SUITE 209  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Marco E. Rojas  
Street Address (P.O. Box Number is Not Acceptable)  
520 Brickell Key Dr. 0-305  
Suite, Apt. #, Etc.  
Office Suite 305  
City Miami, Florida  
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

REGISTERED AGENT MUST SIGN

Date 10/13/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Victor Lewis, Executive Director

Date

Daytime Phone #

10/13/00 305/446-2542