PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500005824165--9
-06/18/02--01084--012
****306.25 ****306.25

REINSTATEMENT 01-02

DOCUMENT # N96000006486

1. Corporation Name
COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.

2. Principal Office Address		3. Mailing Office Address	
12205 SW 71 Court		12205 SW 71 Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami - Florida		City & State: Miami - Florida	
Zip: 33156	Country: USA	Zip: 33156	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1996

5. FEI Number: 65-0716556 ☐ 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: CARLOS AUGUSTO CABRERA
Street Address (P.O. Box Number is Not Acceptable): 12205 S.W. 71 Court
Suite, Apt. #, Etc.:
City: -MIAMI State: FL Zip Code: 33156

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 _____ Date 05/28/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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	Carlos A. Cabrera	12205 SW 71 Court	Miami, FL. 33156
VP	Fabio A. Andrade	9010 SW 137 Ave. # 215	Miami, FL. 33186
T	Bolivar I. Franco	2101 N. State Rd. 7	Margate, FL. 33063
S	Harold Delgado	4005 Rapids Court	Orlando, FL. 32822
D	James Soto	1876 N. University Dr.	Plantation, FL. 33322
D	Maria Nury Gomez	22240 Sands Point Dr.	Boca Raton, FL. 33433

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: _____ CARLOS AUGUSTO CABRERA 05/28/02 305-665-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #