

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 NOV 30 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000031440**

1. Corporation Name

OPTIMA GRAPHICS CORPORATION

99AR

Principal Place of Business

Mailing Address

8051 N.W. 36TH ST
 #605
 MIAMI FL 33166
 US

8051 NW 36TH ST
 #605
 MIAMI FL 33166
 US

If the 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

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1995

5. FEI Number

65-0584609

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HURTADO, JOSE S	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
D	ZAPATA, IVAN D	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
D	SAENZ, IVAN J	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
P	BUITRAGO, JUAN	8530 S.W. 149TH AVENUE, APT. 906	MIAMI FL 33193

TS

8. Name and Address of Current Registered Agent

LEVI, RAIMUNDO LOBEZ
 LOPEZ LEVI & ASSOCIATES, PA
 815 NW 57TH AVE, #304
 MIAMI FL 33126

9. Name and Address of New Registered Agent

Name
JUAN BUITRAGO
 Street Address (P.O. Box Number is Not Acceptable)
8051 NW 36 ST. SUITE 605
 Suite, Apt. #, Etc.
MIAMI -
 City
MIAMI State **FL** Zip Code **33166**

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: *[Signature]*
 REGISTERED AGENT MUST SIGN

Date **Nov 8 - 99**

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

[Signature]

BUITRAGO JUAN (305)640-5949

Date Daytime Phone #

03/11/99 9011 031 15600

CR2E040 (8/99)



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Miami Office 8051 NW 36th Street, Suite 605, Miami, FL 33166 • Tel: (305) 640 5999 Fax: (305) 640 5998

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November 24, 1999

FLORIDA DEPARTMENT OF STATE
Ms. Katherine Harris
Secretary of State
Division of Corporations

Dear Ms. Harris:

I am enclosing copy of the check issued by my company 3/9/99 in order to pay the annual fee that your request.

As per my conversation with one of your officer I also enclosed the application for reinstatement with the new address and name of the New Registered Agent.

Sincerely,

Juan Buitrago
President