

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 SEP 27 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/01/02--01061--012  
\*\*\*\*908.75 \*\*\*\*908.75

**REINSTATEMENT** 21-02

**DOCUMENT #**

097000054318

**1. Corporation Name**

COLLAZO Engineering, Inc.

**2. Principal Office Address**

1500 Bay Rd.

**3. Mailing Office Address**

1500 Bay Rd.

Suite, Apt. #, etc.

1116

Suite, Apt. #, etc.

1116

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06-19-97

**5. FEI Number**

65-0772884

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

Milton Collazo

Street Address (P.O. Box Number is Not Acceptable)

1500 Bay Rd.

Suite, Apt. #, Etc.

1116

City

Miami Beach

State

FL

Zip Code

33139

**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 09-21-02

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	Milton P. Collazo	1500 Bay Rd. #1116	Miami Beach, FL 33139

**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:

Milton P. Collazo

09-21-02

Date

954-588-8235

Daytime Phone #

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)