

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 22 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001110

1. Corporation Name

ENVIRONMENTAL TRANSFORMATION PROJECTS
CORP.

HA

2. Principal Office Address

AVE 6 A # 38 N - 60

Suite, Apt. #, etc.

APT 1112

City & State

CALI, VALLE DEL CAUCA

Zip

Country

COLOMBIA

3. Mailing Office Address

1571 NW 139 AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

Country

33028

USA

700016681627
01/22/03--01072--026 **900.00
REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

☒ 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

DUQUE, ORLANDO

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

1571 NW 139 AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State
FL

Zip Code
33028

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 4/17/2003

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
CP	DUQUE, ORLANDO	1571 NW 139 AVE	PEMBROKE PINES, FL, 33028
W	DUQUE, RODRIGO LEON	1571 NW 139 AVE	PEMBROKE PINES, FL, 33028
DT	DUQUE, FELIPE ALEJANDRO	1571 NW 139 AVE	PEMBROKE PINES, FL, 33028
S	ACOSTA, ALBA NIDIAN	1571 NW 139 AVE	PEMBROKE PINES, FL, 33028

10. I certify that I am an officer or director of 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

ORLANDO DUQUE

4/17/2003

(954) 394 2656

Date

Daytime Phone #

CR2E081 (10/02)