


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 AUG -7 PM 2: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H79462**

1. Corporation Name
COLUMBIA VENTURES, INC.

Principal Place of Business Mailing Address

825 S. BAYSHOE DR. S 1643 MIAMI FL 33131
 825 S. BAYSHOE DR. S 1643 MIAMI FL 33131

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



REINSTATEMENT 96-97

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| 2. New Principal Office Address, If Applicable 825 Brickell Bay Drive Suite, Apt. #, etc. Suite 1643 City & State Miami, FL Zip 33131 Country USA | 3. New Mailing Office Address, If Applicable 825 Brickell Bay Drive Suite, Apt. #, etc. Suite 1643 City & State Miami, FL Zip 33131 Country USA | 4. Date Incorporated or Qualified To Do Business In Florida 09/27/1985 |
| | | 5. FEI Number 59-2587326 |
| | | Applied For Not Applicable |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

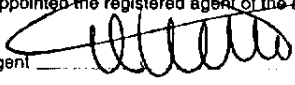
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|---|---|----------------------|
| S | MENDELSON, ARLENE | 825 S. BAYSHORE DR 825 Brickell Bay Drive | MIAMI FL |
| P | MENDELSON, LAURANS A. | 825 S. BAYSHORE DR 825 Brickell Bay Drive | MIAMI FL |
| V | PAUL JOSEPH Mendelson, Victor | 825 S. BAYSHORE DR 825 Brickell Bay Drive | MIAMI FL |
| AS | VETTER, JUDITH | 825 S. BAYSHORE DR 825 Brickell Bay Drive | MIAMI FL |

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 ***915.00 ***915.00

| | |
|--|---|
| 8. Name and Address of Current Registered Agent MENDELSON, LAURANS A. 825 S BAYSHORE DR STE. 1643 MIAMI FL 33131 | 9. Name and Address of New Registered Agent Name Mendelson, Victor H. Street Address (P.O. Box Number is Not Acceptable) 825 S. BAYSHORE DR STE. 1643 Suite, Apt. #, Etc. 825 Brickell Bay Drive Suite 1643 City Miami 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  Date **8/5/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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:  **VICTOR H. MENDELSON, V.P.** 8/5/97 (305) 374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)