

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

03 MAR 28 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65452

1. Corporation Name

COLUSA INTERNATIONAL, INC

2. Principal Office Address

7823 NW 72 AVENUE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

2/14/1989

5. FEI Number

650099609

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

NUBIA OSPINA

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

830 WEST 73 PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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

Nubia Ospina

Date 3/11/03

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
PSD	NUBIA OSPINA	830 WEST 73 PLACE	HIALEAH, FL 33014
TD	LEYLA A. OSPINA	830 WEST 73 PLACE	HIALEAH, FL 33014

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:

Nubia Ospina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

Date

305-362-3909

Daytime Phone #

CR2E081 (2/00)