

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra D. Mathan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 9:58

DOCUMENT # M60190

1. Corporation Name
COLJAP DEVELOPMENT CORPORATION
911 SW 87TH TERRACE
PLANTATION, FL 33324

Principal Place of Business Mailing Address
Same as Above Same as Above

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable
9066 W. ATLANTIC BLVD
Suite, Apt. #, etc.
APT. # 417
City & State
CORAL SPRINGS, FL
Zip 33071 Country BROWARD

3. New Mailing Office Address, If Applicable
9066 W. ATLANTIC BLVD
Suite, Apt. #, etc.
APT. # 417
City & State
CORAL SPRINGS, FL
Zip 33071 Country BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida
10/05/1987

5. FEI Number
65-0142400
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	LILIANA GOMEZ	9066 W. ATLANTIC BLVD, #417	CORAL SPRINGS, FL 33071

100002725881--2
-12/30/98--01001--023
****900.00 ****900.00

12/17/98

38

8. Name and Address of Current Registered Agent

MARIO RUIZ
911 SW 87TH TERRACE
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name
LUIS F. DE LA CRUZ, JR.
Street Address (P.O. Box Number is Not Acceptable)
241 SEVILLA AVENUE
Suite, Apt. #, Etc.
Suite 805
City
CORAL SPRINGS
State
FL
Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILIANA GOMEZ

Date

Daytime Phone #

10/30/98