

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 28 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N00000004713

**1. Corporation Name**

PRO-COLOMBIA UNIDA CORP.

**2. Principal Office Address**

6289 West Sunrise Blvd

Suite, Apt. #, etc.

258

City & State

Sunrise-Florida

Zip

33313

Country

Broward

**3. Mailing Office Address**

6289 West Sunrise Blvd

Suite, Apt. #, etc.

258

City & State

Sunrise-Florida

Zip

33313

Country

Broward

REINSTATEMENT 03-04

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

**5. FEI Number**

65-1020882

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$575. Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES SOTO

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

5070 S.W. 24 ST

Suite, Apt. #, Etc.

HOME

City

PLANTATION

State

FL

Zip Code

33317

**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

*[Handwritten Signature]*

Date 04/28/2004

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	MARIA SOTO	5070 S.W 24 ST	FT LAUDERDALE 33317

**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:**

*Maria Soto*

04/28/2004

954-797-6391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)