

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009365

1. Corporation Name

COLOMBIA CHAMBER OF COMMERCE OF BROWARD COUNTY, INC.

2. Principal Office Address

6289 W SUNRISE BLVD

Suite, Apt. #, etc.

258

City & State

SUNRISE-FLORIDA

Zip

33313

Country

BROWARD

3. Mailing Office Address

6289 W SUNRISE BLVD

Suite, Apt. #, etc.

258

City & State

SUNRISE-FLORIDA

Zip

33313

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida DECEMBER 5, 2002

5. FEI Number

54-20844533

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

JAMES SOTO ROCA

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

5070 SW 24 ST

Suite, Apt. #, Etc.

258

City

FT LAUDERDALE

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

REGISTERED AGENT MUST SIGN

Date 03/26/2004

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	JAMES SOTO ROCA	5070 SW 24 ST	FT LAUDERDALE-FL 33317
T	ALFREDO MENDOZA	3570 NW 37 ST	CORAL SPRINGS-FL 33065
S	CARLOS RUIZ	1018 N.E. 7 ST	HALLANDALE - FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/04 954-588-4908

CR2E081 (01/04)