

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -1 AM 10:24

DOCUMENT # N07000007411

1. Corporation Name

Colombian American National Coalition, Inc

2. Principal Office Address - No P.O. Box #

809 SW 8 ST

Suite, Apt. #, etc.

212

City & State

MIAMI, FL

Zip

33130

Country

U.S.A.

3. Mailing Office Address

809 SW 8 ST

Suite, Apt. #, etc.

212

City & State

MIAMI, FL

Zip

33130

Country

U.S.A.

100172799501
03/22/10--01055--024 **297.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 07/26/2007

5. FEI Number
42-1734913

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

OLANO & ASSOCIATES, P.A.

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

150 SE 2ND AVE

Suite, Apt. #, Etc.

1103

City

MIAMI

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

100172799501
04/02/10--01042--006 **70.00

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

Date 03/12/2010

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	ZAPATA, JUAN C MIAMI FL 33186	12925 SW 88 LN	MIAMI FL 33186
SD	MADRID, JUAN F , MIAMI FL 33131	1001 BRICKELL BAY DRIVE,, SUITE 1704	MIAMI FL 33131
D	COVO, SABINA	479 N.E. 30 STREET, APT. 605	MIAMI FL 33137
D	NARANJO, JULIO	12882 S.W. 60 TERRACE	MIAMI FL 33183

10. E-mail Address: cancosa@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

JUAN F. MADRID

03/12/2010

(786)346-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #