

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12472			
1. Corporation Name Colombian Disaster Fund, Inc.			
Principal Place of Business c/o Baur, Woodbridge, Reus & Klein, P.A. 100 N. Biscayne Blvd., 21st Fl. Miami, FL 33132-2306		Mailing Address 251 Crandon Blvd., Suite 827 Key Biscayne, FL 33149	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable c/o Baur, Woodbridge et al Suite, Apt. #, etc 100 N. Biscayne Blvd., 21st Fl. City & State Miami, FL 33132 Zip 33132 Country U.S.A.		3. New Mailing Office Address, If Applicable 251 Crandon Blvd. Suite, Apt. #, etc Suite 827 City & State Key Biscayne FL Zip 33149 Country U.S.A.	
		4. Date Incorporated or Qualified To Do Business in Florida 12/11/1985	
		5. FEI Number 59-2654854	
		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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Carmenza Jaramillo	280 Aragon Ave.	Coral Gables, FL 33134
SD	Diego Palacio-Ren	13499 Biscayne Blvd. Suite 106	North Miami FL 33181
D	Hector Marulanda	5461 NW 72nd Ave.	Miami, FL
P	Clemencia Tobon	251 Crandon Blvd. Suite 827	Key Biscayne FL 33149
D	Gloria Quintero	7050 S.W. 107th St.	Miami, FL
D	Eucario Bermudez	2100 Coral Way	Miami, FL
8. Name and Address of Current Registered Agent STEEL & HECTOR c/o Burton Landy 200 S. Biscayne Blvd. No. 4000 Miami, FL 33131		9. Name and Address of New Registered Agent Frederick Woodbridge, Jr. Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Blvd. 21st Fl. Suite, Apt. #, Etc City Miami State FL Zip Code 33132	
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 <i>[Signature]</i> Date March 4, 1999 REGISTERED AGENT MUST SIGN			
11. This corporation owes 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: <i>[Signature]</i> 03/04/99 (305) 361-6050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLEMENCIA TOBON - DIRECTOR			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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