

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Colombian Disaster Fund, Inc.

N12472

900007168959--1
-08/16/02--01031--019
****358.75 ****358.75

2. Principal Office Address
6720 S.W. 32 Street

3. Mailing Office Address
6720 S.W. 32 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami

City & State
Miami

Zip Country
33155 USA

Zip Country
33155 USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59265854

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
Mayte Vanegas

Street Address (P.O. Box Number is Not Acceptable)
6720 S.W. 32 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

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

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	Mayte Vanegas	6720 S.W. 32 Street	Miami, Fl. 33155
VP	Manuel Vives	14233 S.W. 84 Street	Miami, Fl. 33183
D	Jacobo Quinones	5111 N.W. 43 Avenue	Coconut Creek, Fl. 33073
D/S	Raquel Suarez	9503 S.W. 38 Street	Miami, Fl. 33165
T	Giulana Jaramillo	6657 S.W. 139 Avenue	Miami, Fl. 33183
D	Maria Eugenia Pinedo	512 Sevilla Avenue	Coral Gables, Fl. 33134

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:

Mayte Vanegas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-12-02

Date

Daytime Phone #

g. 11/15/02