

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002957**

1. Corporation Name

AMERICAN-COLOMBIAN INTERNATIONAL PARTNERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 431583
S. MIAMI FL 33243-1583

P.O. BOX 431583
S. MIAMI FL 33243-1583

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1994

5. FEI Number

05-0521006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	FOX, FLORENCE	800 S. ALHAMBRA CIRCLE	CORAL GABLES FL 33146
T	ESCOBAR, HERNAN	12301 S.W. 99 ST.	MIAMI FL 33186
T	BALABAN, LARRY	290 174TH STREET	MIAMI BEACH FL 33180
T	LINERO, A.R. JR.	P.O. BOX 597 N/A	CORAL GABLES FL 33114
T	ROMANO, GINA	10861 S.W. 74TH STREET	MIAMI FL 33175
T	ENRICH, ANGELA	5944 S.W. 64TH PLACE	MIAMI FL 33143

8. Name and Address of Current Registered Agent

CONSUEGRA, MARIA E
155 S. MIAMI AVE., PH 1
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-10-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Florence Fox

Oct 16, 1996 (305) 661-4455

Date Daytime Phone