

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.**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

REINSTATEMENT *OK*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0521006

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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        | 2                                 | 3   | 4                     |
|----------|-----------------------------------|---|-----------------------|
| 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    |
| 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 33160  |
| 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 I  
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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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

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

Oct 16, 1996 (305) 661-4455  
Date Daytime Phone #