

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 MAR 26 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003934

1. Corporation Name

**COLOMBIAN CIVIC ASSOCIATION OF JACKSONVILLE, FL
ORIDA CORP.**

Principal Place of Business

1895-701 KINGSLEY AVENUE
ORANGE PARK FL 32073

Mailing Address

1040 BAY CIRCLE S.
ORANGE PARK FL 32073

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1995

5. FEI Number

59-3331142

Applied For

Not Applicable

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)

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
PD	ESQUIMA-MUNOZ, CARLOS L	1895-701 KINGSLEY AVENUE	ORANGE PARK FL 32073
VD	ROSSI, CARLOS A	1895-701 KINGSLEY AVENUE	ORANGE PARK FL 32073
TD	MORALES, VICTOR	1895-701 KINGSLEY AVENUE	ORANGE PARK FL 32073
			300002475043-9 -04/01/98 --01005-017 *****70.00 ***** REINSTATEMENT 300002475043-9 -04/01/98 --01005-017 *****235.25 *****235.25

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Thomas C. Santoro, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1700 Wells Road, Suite 5
Suite, Apt. #, Etc.
Orange Park
City
State
FL Zip Code
32073

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

REGISTERED AGENT MUST SIGN

Date **1/29/98**

11. This corporation owes or has paid 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/98 (904) 269-9707

Date

Daytime Phone #

CR2040 (8/97)