DI FASE READ ALL INSTRUCTIONS REFORE COMPLETING ####\$FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 0000000 6 0 5 4 5 1. corporation Name Colmado NICA Corp. Principal Office Address South April # 95 South April #	PLEASE READ	ALL INSTRUCTIONS BEFORE (SOMPLETING HIME FORM.	
1. Corporation Name Colmado NYCA Conf. REINSTALLINENT 33 REINSTALLI	Description of the second seco	Secretary of State		
2. Principal Office Address 3. Mailing Office Address \$12/12/03-01040-022 **150.00 Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florids. City & State City & State City & State City & State 7. Name and Address of Current Registered Agent Name Name Name Name REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director's) Street Addresses of Each Officers and/or Directors Officers and/or Directors Name REGISTERED AGENT MUST SIGN Surface, Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director's) Street Addresses of Each Officers and/or Directors Officers and/or Directors City Make A.	DOCUMENT # P000000 1. Corporation Name Colmado Nr.	160598 CA Conf.		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida. City & State City & State City & State Country Zip Country To Country Country Country Country To Country Country Country To Country Country Country Suite, Apt. #, etc. To Country Country Country Suite, Apt. #, Etc. City			REINSTATEMENT 03	
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida. City & State City & State City & State Country Zip Country To Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MTAM REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors Name of Officers and/or	n / /	3. Mailing Office Address	600025455686 12/12/0301040022 **150.00	
City & State State		Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
Zip Country 7. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Mram' City Mram' REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors PD Malam A. Malabola Street Address of Each Officer and/or Directors Name of Officers and/or Directors	l	City & State	5. FEI Number Applied For	
Street Address (P.O. Box Number is Not Acceptable) State FL 33/26 City / State / Zip City / State / Zip PD MAHA A. Marbola STANU ST	^{Zip} 33126 Country U.5.	Zip Country	6. S8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MrAM' State FL Zip Code		7. Name and Address of Current Register	red Agent	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 7.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 Officer and/or Director PD MANN 1. Anno 1. Street Address of Each Officer and/or Director Name of Officers and/or Director Officer and/or Director Name of Officers and/or Director Officer and/or Director Officer and/or Director	8075 NW 8 57, 47 Suite, Apt. #, Etc. City State Zip Code			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director PD Makin A. Harbola 8075 Nw 854, 41 Mrami, Fl 3 3/2	8. I, being appointed the registered agent of the above Signature of Registered Agent	ve named corporation, am familiar with and accept the ol	bligations of section 507.0505 or 617.0503, F.S.	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director State / Zip PD Makin A. Antolia 8075 Nw 854, 41 Nrami, 613312	9. Names and Street Addresses of Each Officer and	f/or Director (Florida nonprofit corporations must list at le	ast 3 directors)	
PU MARA 14. 14140/11 MrAMI, F/ 33/26	Titles Name of	Street Address of Each Officer and/or Director	City / State / Zin	
	PD MARIA A. HAK	MANNING 83,	3 3/2	
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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 tisted 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: 10/03 Date Daytime Phone #	this reinstatement application, the reason for disso owed by the corporation have been paid and the n on this application is true and accurate, and my sig SIGNATURE:	olution has been eliminated, the corporate name satisfies names of individuals listed on this form do not qualify for a gnature shall have the same legal effect as if made under	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated roath.	

December 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Colmado Nica Corp. P00000060888

Dear Sir or Madam,

Please be advise that it has, recently, come to my attention the State of Florida considers the above referenced corporation administratively dissolved for lack of annual report.

Please note that the above corporation did not file an annual report, since the corporation had moved and it had never received the reporting documentation from the State.

I apologize for any inconvenience this has caused.

I understand that the State allows for reinstatement upon request for \$150.00, where the corporation certifies that it has failed to receive the reporting documentation. Enclosed please find a corporation reinstatement request along with a money order made payable to the Secretary of State in the amount of \$150.00 for the reinstatement fee.

Sincerely,

Maria Artola, President