

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000060848*

1. Corporation Name

Colmado NICA Corp.

2. Principal Office Address

8075 NW 8 STREET

Suite, Apt. #, etc.

#1

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33126

Country

U.S.

Zip

Country

REINSTATEMENT *03*

600025455686

*12/12/03--01040--022 **150.00*

4. Date Incorporated or Qualified
To Do Business in Florida.

6/19/2000

5. FEI Number

651031354

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

MARIA A. ANTOLA

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

8075 NW 8 ST, #1

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

[Signature]

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
<i>PD</i>	<i>MARIA A. ANTOLA</i>	<i>8075 NW 8 ST, #1 MIAMI, FL 33126</i>	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

Daytime Phone #

CR2E061 (10/02)

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,

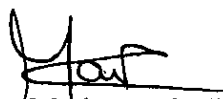
Please be advise that it has, recently, come to my attention the State of Florida considers the above referenced corporation administratively dissolved for lack of annual report.

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