

CORPORATION



FLORIDA DEPARTMENT OF STATE

Kathérine Harris
Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

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1. Corporation Name

Noticolumbia Incorporated

700005492987--5
-05/09/02--01002--020
****300.00 ****300.00

2. Principal Office Address

5201 Blue Lagoon drive

Suite, Apt. #, etc.

Penthouse

City & State

miami - FL

Zip

33126

Country

EEUU

3. Mailing Office Address

4521 NW 94 court.

Suite, Apt. #, etc.

City & State

miami - FL

Zip

33178

Country

EEUU.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

X 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

Business Filings Incorporated

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

1000 West Ave

Suite, Apt. #, Etc.

No 1114

City

miami Beach

State

FL

Zip Code

33139

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

Date 04-04-02

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	Street Address of Each Officer and/or Director	City / State / Zip
D	Marun, Habib Merheg	4521 NW 94 court	miami, FL 33178
D	Merheg, Juan Sunny	4521 NW 94 court.	miami, FL 33178
D	Merheg, Nora	4521 NW 94 court	miami, FL 33178
			01-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02 (305) 6064981

Date

Daytime Phone #

DAFC 202

Florida Department of State
Divisions of Corporations

To whom it may concern.

~~My name is Habib Merheg and I am the president of a Florida~~
Corporation which name is Noticolumbia Incorporated, The company is
a Satellite Channel that is based on news from Colombian and targeted
to the Colombian market here in the United States, due to the fact of the
ongoing crisis in Colombia and the escalation of the war, it was
impossible for me to be here to manage the company, I am right now
signing out deals with the cable operators in the States that will secure a
market and the possibility of hiring a manager for the company, please
consider the possibility of reinstatement of the company and I am
sending a Check for \$ 300.00 dollars with this letter.

Sincerely

A large, stylized handwritten signature in black ink, consisting of a large loop and a horizontal stroke.

Habib Merheg
President