## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P0100045054  1. Copporation Name NEW COLONIAL CORP.  2. Pretropal Office Address S881 N GRANDE DR  Solite, April # etc.		RPORATION STATEMENT		DEPARTMENT C Secretary of State SION OF CORPORATIO				FILED BOCT 14 AI	M 10: 39	
2. Principal Office Address 3. Mailing Office Address 6881 N GRANDE DR  Suite, Apt. 6. etc.  Suite, Apt. 6. etc.  City & State MIAMI BOCA RATON  FL 33433  FL 334333  FL 33433  FL 334333  FL						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date incorporated or Cualified To Do Business in Finds To Do Busines in Finds To Do Business in Finds To Do Business in Finds To Do	NEW COLONIAL CORP.					1001 C.C.	en e <i>dalsii d</i> i	Versor se somere c	·	
4. Deta Incorporated or Qualified To Do Business in Florida  Sp. FEI Number  Sp. Gountry  Zp. Country  33178  FL 33433  FL 6. CERTIFICATE OF STATUS DESIRED   SITE Additional Florida in Control Status  FL Status  7. Name and Address of Current Registrated Agent  Name OSCAR COLMENARES  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  6881 N GRANDE DR  Suite, Apt. #, Etc.  City  BOCA RATON  Status  FL 33433  8. I. being appointed the registered agent of the above garged comprision, am familiar with and accept the obligations of section 607,0550 or 617,0503, F.S.  Signature of Registrete Addresses of Each Officer and/or Director Fordia nonprofit corporations must list at least 3 directors)  Registrete Officers and/or Directors  Officers and/or Directors  Signature of Officers and/or Director Fordia nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director Fordia nonprofit corporations must list at least 3 directors)  Tides  Officers and/or Directors  Officers and/or Directors  Street Address of Each Officer and/or Director Fordia nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Directors  Officers and/or				•			ai chi		02-03	
MIAM    BOCA RATON   S. FEI Number 65-1100698   Pot Applied For Not Applied Fo								05/04/2001	1	
Street Addresses (P.O. Box Number is Not Acceptable)   Street Addresses of Each Officer and/or Director (Forida nonprofit corporations must list at least 3 directors)	MIAMI		BOCA F	BOCA RATON		05.4400000				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc.  City BOCA RATON  State   Zp Code   FL   334433  8. I. being appointed the registered agent of the above parged corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent   REGISTRAED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Forda nonprofit corporations must list at least 3 directors)  Titles   Name of Officers and/or Director (Forda nonprofit corporations must list at least 3 directors)  PD   OSCAR COLMENARES   6881 N GRANDE DR   BOCA RATON, FL 33433  10. Lorifly 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 filting this reinstatument application, the reason for dissolution has been entimated, the corporation rains assisting the recognizements of section 607.0401 or F.S., that all flees owned by the corporation index section 607.0401 or F.S., that all flees owned by the corporation index section 1907(300), F.S. The internation indicated		I -	1 '			6. CERTIFICATE	OF STATUS DESIRE			
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc.    City   BOCA RATON   State   Zip Code	Nepp									
S. I, being appointed the registered agent of the above garged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director  Officer and/or Director  Officer and/or Director  BOCA RATON, FL 33433  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 rehistatoment application, the reason for dissolution has been eliminated, the corporate name setsifies the requirements of section 607.0401, 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 index section 1607.0401, F.S. the Information Indicated	Street Address (P.O. Box Number is Not Acceptable) 6881 N GRANDE DR 500023771535									
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME ASSOCIATION DIRECTOR  Date  District Phone #										