


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000011411

1. Corporation Name

AUTO COLOMBIA, INC.

Principal Place of Business

Mailing Address

5021 N. LOIS AVE
 TAMPA FL ~~33626~~ 33614

5021 N. LOIS AVE
 TAMPA FL 33614



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/31/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0539007

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
P	PINEDA, ORLANDO	11605 WINDSORTON WAY	TAMPA FL 33626
VP	CALLEJAS/PINEDA, SILVIA E	11605 WINDSORTON WAY	TAMPA FL 33626

100024092241
 10/24/03 01067 024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLEJAS/PINEDA, SILVIA E
 11605 WINDSORTON WAY
 TAMPA FL 33626

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-15-03

11. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2003

Daytime Phone #

(813) 877-6126

CR2E040 (7/03)

AUTO COLOMBIA, INC

5021 N LOIS AVE
TAMPA, FL 33647

October 16, 2003

Division of Corporations
Annual Report
P.O. Box 6321
Tallahassee, FL 32314-6327

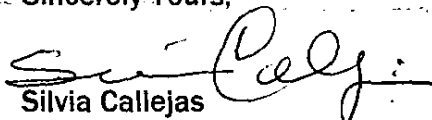
Re: Annual Report # P02000011411

Dear Officers:

I did not receive the two prior uniform business reports. Thank you for helping me on the phone. I am going to make sure I am using the internet to pay for next year UBR.

I apologized for this inconvenience.

Sincerely Yours,


Silvia Callejas
Vice - president