


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 5021 N. LOIS AVE TAMPA FL 33626 33614	Mailing Address 5021 N. LOIS AVE TAMPA FL 33614
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 01/31/2002	5. FEI Number 02-0539007 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

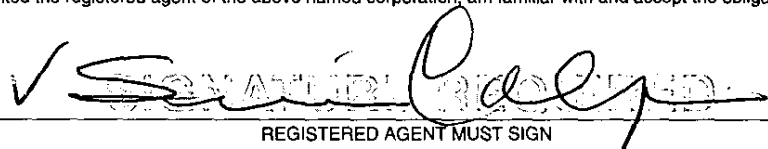
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

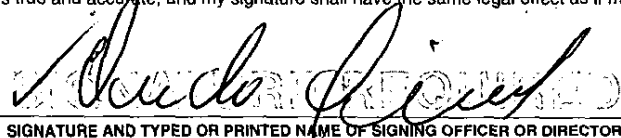
8. Name and Address of Current Registered Agent CALLEJAS/PINEDA, SILVIA E 11605 WINDSORTON WAY TAMPA FL 33626	9. Name and Address of New Registered Agent		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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:  Date: 10-15-03

REGISTERED AGENT MUST SIGN

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:  Date: 10/15/2003 (813) 877-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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

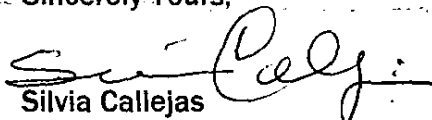
Re: Annual Report # P02000011411

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