

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p02000018171

1. Corporation Name

CUMMINS DE COLOMBIA, INC.

2. Principal Office Address

C/O 70 WESTWARD DR

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0603585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
06 MAY 15 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200075269222
05/25/06--01018--024 **600.00

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOSE AL ALARCON

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

70 WESTWARD DR

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 5/01/2006

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
P	JULIO M. CAMACHO	KRA. 66 #177-91	BOGOTA, COLOMBIA
V	SERGIO T. CAMACHO	KRA. 66 #177-91	BOGOTA, COLOMBIA
S	MARIA C. CAMACHO	KRA. 66 #177-91	BOGOTA, COLOMBIA

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 contained in Chapter 119, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Przyor

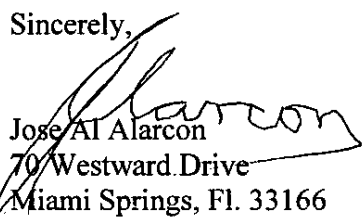
Miami, May 10, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

We did not receive the information or card for filing the Annual Report. Attached is our check #1006 in the amount of \$600.00, along with the Reinstatement Report already signed by the Pres. of the Corporation..

We really appreciate your consideration.

Sincerely,


Jose Al Alarcon
70 Westward Drive
Miami Springs, Fl. 33166

Tel. 786 295 0276