

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059801**

1. Corporation Name

COLUSA ENTERPRISES, CORPORATION
P02000059801

2. Principal Office Address
7707 ANDES LANE

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

Zip

33067

Country

U.S.

3. Mailing Office Address

2517 CENTERGATE DRIVE

Suite, Apt. #, etc.

204

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

U.S.

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 30 2002

5. FEI Number

84-1622114

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

HUGO RODRIGUEZ

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

2517 CENTERGATE DRIVE

Suite, Apt. #, Etc.

204

City

MIRAMAR

State

FL

Zip Code

33025

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

Hugo A Rodriguez
REGISTERED AGENT MUST SIGN

Date **March 25, 2005**

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	LUZ DIAZ	2517 CENTERGATE DRIVE 204	MIRAMAR FLORIDA 33025
V	HUGO RODRIGUEZ	2517 CENTERGATE DRIVE 204	MIRAMAR FLORIDA 33025

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:

Hugo A Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2005

Date

(305) 331-7559

Daytime Phone #

CR2E081 (01/05)