

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 21 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067731

1. Corporation Name

CSCZ CORP.

2. Principal Office Address

1441 Sorrento Drive

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33326

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

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

06/19/02

5. FEI Number

20-1008862

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

Roy B. Gray

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

8820 N. W. 7th Court

Suite, Apt. #, Etc.

City

Pembroke Pines,

State
FL

Zip Code

33024

800033477648

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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 **04-17-04**

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
PD	Gabriel Z. Marroquin	CRA 19A #104A22	Bogota, Colombia
VSTD	Clara S. Castillo Arias	CRA 19A #104A22	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 under section 119.07(3)(l), 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: Clara S. Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04 (954) 442-1237

Date

Daytime Phone #

CR2E081 (01/04)

TR