

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 19 PM 2:02

DOCUMENT # P.02 000100900

1. Corporation Name

Colcor Inc.

2. Principal Office Address Unit F.

1632 North Hercules Ave

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

C/w FL.

City & State

C/w FL.

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

04-19-04

5. FEI Number

13-4211500

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis Fernando Acevedo Ortega

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

1632 N. Hercules Ave Unit F. 700034016467

Suite, Apt. #, Etc.

04/27/04 01031 010 **300.00

City

C/w FL.

State

FL

Zip Code

33765

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

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
Presid.	Luis Fernando Acevedo	205. S. Highland Ave	C/w FL 33755
Vice P.	Gloria Acevedo	205. S. Highland Ave	C/w FL 33755

4/19

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-04

Date

Daytime Phone #

Jose Orlando Cortes
P.O. Box 4897
Clearwater, Florida 33758
Phone: (727) 692-0711

April 16, 2004

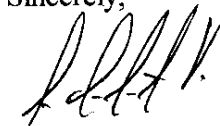
Florida Department of State
Division of Corporations

To whom it May Concern:

This letter is to let you know that I am terminating my participation as a co-owner or partner in Colcar Inc. Corporation, located at 35928 US Highway 19 North, Palm Harbor, Florida 34684 as of today April 16th, 2004.

I am withdrawing 100% of the tangible assets owned by Colcar Inc. (the corporation), in conformity with the notarized document of agreement (contract) signed by Luis Fernando Acevedo, president of Colcar Inc, and acknowledged by Denise D. Miles, Notary Public of the State of Florida (# DD 062219) on 1/28/2004.

Sincerely,



Jose Orlando Cortes

cc: Florida Department of Highway Safety And Motor Vehicles
Division of Motor Vehicles,



Luis Fernando Acevedo


April 19, 04.

Florida Department of State
Division of Corporations

to whom it may concern:

This letter is to let you know that
~~the~~ I did not have any information
about that I had to renew
the Corporation licence, the person
that was in charge Jose Orlando
Cortez never informed me about it.
I am asking for renewal
of my Corporation licence

Sincerely


Luis Fernando Pineda
President