

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 29 AM 9:37

**DOCUMENT # P05000051322**

1. Corporation Name

**BLC 606C, INC**

2. Principal Office Address - No P.O. Box #

**CALLE 12 SUR 25-293**

Suite, Apt. #, etc.

**APT 1101**

City & State

**MEDELLIN**

Zip

**CO 33126 CO**

Country

**COLOMBIA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 08-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/06/2005**

5. FEI Number  
**74-3208038**

☐ 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

**ANTONIO BURGOS**

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

**701 S. HIGHLANDS DR**

Suite, Apt. #, Etc.

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33021**

**700183800097**  
**07/29/10--01031--008 \*\*1050.00**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **7/26/2010**

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
PT	SIERRA, JORGE DE J	CALLE 12 SUR 25-293 APT 1101	MEDELLIN, COLOMBIA, CO 33126 CO
DV	HOYOS, HERNAN D	CALLE 10B 28-19 INT 105	MEDELLIN, COLOMBIA, CO 33126 CO
DS	FLOREZ, GABRIEL A	CARRERA 48 30 SUR-119	ENVIGADO, COLOMBIA, CO 33126 CO

10. E-mail Address: **ASSOACTG@AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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]*

**JORGE DE J. SIERRA**

**07/26/2010**

**PH #**

**954 9612644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #