

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000051322

1. Corporation Name

BLC 606C, INC

2. Principal Office Address - No P.O. Box #
CALLE 12 SUR 25-293

3. Mailing Office Address

Suite, Apt. #, etc.

APT 1101

Suite, Apt. #, etc.

City & State

MEDELLIN

City & State

Zip
CO 33126 CO

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

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

Antonio Burgos
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: **ASSOCACTG@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:

JORGE DE J. SIERRA

07/26/2010 P# 954-9612644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #