

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000100548

1. Corporation Name

COLCOR SERVICE, INC

2. Principal Office Address - No P.O. Box #
247 SW 8 STREET

3. Mailing Office Address
247 SW 8 STREET

Suite, Apt. #, etc.
APT. # 337

Suite, Apt. #, etc.
APT. # 337

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33130

Country
USA

7. Name and Address of Current Registered Agent

Name
Luis A Correa

Street Address (P.O. Box Number is Not Acceptable)
247 SW 8 STREET

Suite, Apt. #, Etc.
APT. # 337

City
Miami

State
FL

Zip Code
33130

800155146748
05/01/09--01064--003 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 08/01/2006

5. FEI Number
205301241

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 04/28/09

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	Luis A Correa	247 SW 8 STREET	Miami, FL 33130
S	Maria Eladia Correa	247 SW 8 STREET	Miami, FL 33130

AR 5/16

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 contained in Chapter 119, 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: *x*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/09

Date

786-263-3468

Daytime Phone #