

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000031440**

1. Corporation Name

OPTIMA GRAPHICS CORPORATION

Principal Place of Business

Mailing Address

8051 N.W. 36TH ST
#605
MIAMI FL 33166
US

8051 NW 36TH ST
#605
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1995

5. FEI Number

65-0584609

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HURTADO, JOSE S	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
D	ZAPATA, IVAN D	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
D	SAENZ, IVAN J	CALLE 11 NO. 22-51 AA 34905	SANTAFE DE BOGOTA DC COLOMBI
P	BUITRAGO, JUAN	8530 S.W. 148TH AVENUE, APT. 908	MIAMI FL 33193

8. Name and Address of Current Registered Agent

LEVI, RAIMUNDO LOBEZ
LOPEZ LEVI & ASSOCIATES, PA
815 NW 57TH AVE, #304
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

JUAN BUITRAGO

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

8051 NW 36 ST. SUITE 605

Suite, Apt. #, Etc.

MIAMI -

City

MIAMI

State

FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Nov 8 - 99

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 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

[Signature]

BUITRAGO JUAN

Date

(305) 640-5949

Daytime Phone #

03/11/99 9011 031 15600



Bogotá Headquarters Avenida (Calle 3) No. 20-95 Santafé de Bogotá, D.C. Colombia • Tel.: (571) 209 6088 Fax: (571) 33 33557
Miami Office 8051 NW 36th Street, Suite 605, Miami, FL 33166 • Tel: (305) 640 5999 Fax: (305) 640 5998

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November 24, 1999

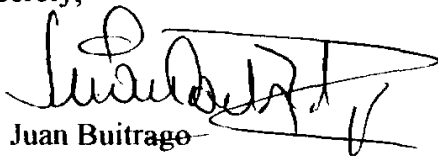
FLORIDA DEPARTMENT OF STATE
Ms. Katherine Harris
Secretary of State
Division of Corporations

Dear Ms. Harris:

I am enclosing copy of the check issued by my company 3/9/99 in order to pay the annual fee that your request.

As per my conversation with one of your officer I also enclosed the application for reinstatement with the new address and name of the New Registered Agent.

Sincerely,


Juan Buitrago
President