

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000108269

1. Corporation Name

CUTE FINGERS OF COLOMBIA INC.

Principal Place of Business

Mailing Address

P.O. BOX 771713
ORLANDO FL 32877

P.O. BOX 771713
ORLANDO FL 32877

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

2. New Principal Office Address, If Applicable

11110 INOW BRIDGE RD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11110 INOW BRIDGE RD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1997

5. FEI Number

59348482

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DTSP	PEREZ, ISABEL	P.O. BOX 771713	ORLANDO FL 32877
OV	SAEZ, BORIS	P.O. BOX 771713	ORLANDO FL 32877

300002940623--5
-07/23/99--01094--026
****500.00 ****500.00

REINSTATEMENT 48-99

117S

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, PABLO 310 1/2 BUMBY ORLANDO FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City
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300002940623--5
-07/23/99--01094--026
****400.00 ****400.00

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:

4/8/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/99

Daytime Phone #

FILED

99 JUL -9 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2EDM (9/98)