

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM) of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:14

DOCUMENT # P98000001765

1. Corporation Name

THE COLOMBIAN CONNECTION INC.

Principal Place of Business

Mailing Address

714 BARNETT DRIVE
BAY 18
LAKE WORTH FL 33461

714 BARNETT DRIVE
BAY 18
LAKE WORTH FL 33461

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

01/08/1998

5. FEI Number

43-1764416

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CALL, FRANK A JR.	714 BARNETT DRIVE, BAY 18	LAKE WORTH FL 33461
D	CALL, LUANN	714 BARNETT DRIVE, BAY 18	LAKE WORTH FL 33461
			000003463557-2 -11/15/00--01012--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALL, FRANK A JR.
714 BARNETT DRIVE
BAY 18
LAKE WORTH FL 33461

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10/19/00

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

10/19/00

Date

561 588 7258

Daytime Phone #

-2-

G.D.V. Service Center, Inc.
714 Barnett Drive #18
Lake Worth, FL 33461
Phone: 561.588.7258
Fax: 561.533.6235

G.D.V. Service Center, Inc.

October 19, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

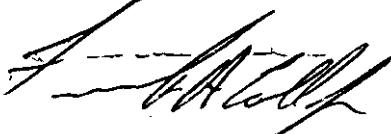
To Whom It May Concern:

We bought the business back on October 30, 1999, and we filed the correct papers to do the change of Officers. We did not realize that it had to be done every year. We just assumed it got done if a change was made.

We do not recall receiving any paper work in the mail for the renewal. I did receive the "Certificate of Administrative Dissolution or Revocation". We please ask for your assistance in reviewing our reinstatement and ask that you please do not charge us the penalty.

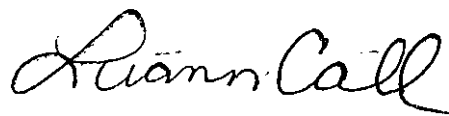
We thank you in advance for your time and consideration in this matter. Please contact us if you have any questions or concerns.

Sincerely,



Frank A. Call Jr.
President

Sincerely,



Luann Call
Secretary

*1st Class Workmanship at 1st Class Pricing
with Honesty 1st and Foremost*