

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 14 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000038579

1. Corporation Name

CORREA'S INTERNATIONAL COMPANY., INC.

2. Principal Office Address

9624 E. Arapahoe Rd.

Suite, Apt. #, etc.

City & State

Greenwood Village, CO

Zip

80112

Country

USA

3. Mailing Office Address

9624 E. Arapahoe Rd.

Suite, Apt. #, etc.

City & State

Greenwood Village, CO

Zip

80112

Country

USA

REINSTATEMENT *of CO*

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-29/98

5. FEI Number

65-0837283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

100003368331-8

Name

Guillermo Correa

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

6565 S. Syracuse way #2111

Suite, Apt. #, Etc.

222 NE 27 St.

City

Englewood, CO

80111

Miami

State

FL

Zip Code

~~33137~~ 33137

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

Guillermo Correa

REGISTERED AGENT MUST SIGN

Date 8-10/00

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
S/D	Eduardo Correa	15000 Park Row #737	Houston, TX 77084
P/D	Guillermo Correa	6565 S. Syracuse Way #2111	Englewood, CO 80111
T	Sandra Alvarado	679 S. Reed Ct #3-304	Lakewood, CO 80226
			100003368331-8 -08/23/00--01025--011 ****300.00 ****300.00
			100003368331-8 -08/23/00--01025--012 ****600.00 ****RE 00

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 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

Guillermo Correa

8-10/00 (303)324-9675

Date

Daytime Phone #

CR2E081 (9/99)