


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000088145			
1. Corporation Name PROMO-COL, INC.			
2. Principal Office Address 8245 S.W. 4th street		3. Mailing Office Address 8245 S.W. 4th Street	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33144	Country U.S.A.	Zip 33144	Country U.S.A.

FILED
02 DEC 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida Oct. 08, 1999	
5. FEI Number 65-0955571	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Marta Diaz		
Street Address (P.O. Box Number is Not Acceptable) 8245 S.W. 4th street		
Suite, Apt. #, Etc. N/A		
City Miami	State FL	Zip Code 33144

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

Marta Diaz

REGISTERED AGENT MUST SIGN

Date 11/13/02

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
P	Jose Angel Diaz	8245 S.W. 4th street	Miami, Florida 33144
V/T	Marta Diaz	8245 S.W. 4th street	Miami, Florida 33144
S	Jose Alejandro Diaz	8245 S.W. 4th street	Miami, Florida 33144
		01-07462	78

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:

Marta Diaz

Marta Diaz, V.P. & Treasurer

11/13/02

305-229-9457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)