

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

04 JAN 23 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000088145

1. Corporation Name

Promo-col, Inc

2. Principal Office Address

8245 S.W. 4th Str.

3. Mailing Office Address

8245 S.W. 4th Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 06, 1999

5. FEI Number

65-0955571

☒ 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

Name

Marta Diaz

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

8245 S.W. 4th Str.

Suite, Apt. #, Etc.

City

Miami, Florida

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 01/19/2003

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

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/T

01/19/2003 305-216-5825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

B

202

Florida Dept of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

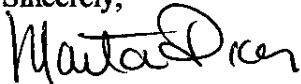
Ref: Corporation Reinstatement
Document #P99000088145

Jan. 19, 2004

To whom it may concern:

Please, I would like to reinstate my Corporation Promo-Col Inc. I
Did not received the annual reporting form to keep my corporation
Active, and I apologize because since I don't use the corporation
And did not realize the appropriate time had passed.
Please waive the penalty so that I can reactivate my Corporation
Enclosed is a check for \$300.00 to process reinstatement.
I would appreciate any help in this matter,

Sincerely,



Marta Diaz