

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 29 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094755

1. Corporation Name

CAMPANO ENTERPRISES, INC.

2. Principal Office Address

6971 N Federal Hwy

Suite, Apt. #, etc.

Suite 402

City & State

Boca Raton, Fl.

Zip

33487

Country

U.S.A.

3. Mailing Office Address

6971 N Federal Hwy

Suite, Apt. #, etc.

Suite 402

City & State

Boca Raton Fl.

Zip

33487

Country

U.S. A

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/99

5. FEI Number 650627915

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

HUMBERTO E RUIZ

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

6971 N Federal Hwy.

Suite, Apt. #, Etc.

Suite 402

City

Boca Raton

State
FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date

10/25/99

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
M	Martha Ospina	3555 NW 61 St Cir	Boca Raton, Fl, 33496
V	Pablo Aristizabal	1622 Grand Oak Way	Wellington, Fl, 33414
D	Fernando Aristizabal	3555 NW 61 St Cir	Boca Raton, Fl, 33496
D	Alejandro Perez	3537 NW 61 st Cir	Boca Raton, Fl, 33496

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:

Alejandro Perez

561-789-4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #