

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 MAR 29 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P990000107638

**1. Corporation Name**

**BANCASA INTERNATIONAL CORPORATION**

**2. Principal Office Address**

**10050 NW 6th Court**

Suite, Apt. #, etc.

**Bay 11**

City & State

**Pembroke Pines, Florida**

Zip

**33024**

Country

**USA**

**3. Mailing Office Address**

**10050 NW 6th Court**

Suite, Apt. #, etc.

**Bay 11**

City & State

**Pembroke Pines, Florida**

Zip

**33024**

Country

**USA**

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

**12-13-99**

**5. FEI Number**

**65-0994764**

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

**Juan Carlos Gaviria**

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

**1365 Bay Terrace**

Suite, Apt. #, Etc.

City

**North Bay Village**

State

**FL**

Zip Code

**33141**

**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

*[Handwritten Signature]*

Date **03/02/01**

REGISTERED AGENT MUST SIGN.

**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
Pres.	Juan Carlos Gaviria	1365 Bay Terrace	North Bay Village, FL 33141
V-pres.	Juan Pablo Jaramillo	1509 Meadows Blvd.	Weston, FL 33327

**REINSTATEMENT** 2000

*[Handwritten Signature]*

**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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/01

Date

(954) 435-3535

Daytime Phone #

CR2E081 (9/00)