

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR 26 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601038

1. Corporation Name

COLSON, HICKS, EIDSON, COLSON & MATTHEWS, P.A.

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 4700
MIAMI FL 33131
US

Mailing Address

200 S BISCAYNE BLVD
SUITE 4700
MIAMI FL 33131
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
255 Aragon Avenue

Suite, Apt. #, etc.
2nd Floor

City & State
Coral Gables, FL

Zip
33134-5008

Country
USA

3. New Mailing Office Address, If Applicable
255 Aragon Avenue

Suite, Apt. #, etc.
2nd Floor

City & State
Coral Gables, FL

Zip
33134-5008

Country
USA



REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1969

5. FEI Number

59-1261170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LEWIS S. EIDSON	200 S. BISCAYNE BLVD 255 Aragon Avenue 2nd Floor	MIAMI-FL Coral Gables, FL 33134-5008
VPS	DEAN C. COLSON	200 S. BISCAYNE BLVD 255 Aragon Avenue 2nd Floor	MIAMI-FL Coral Gables, FL 33134-5008
TD	DEAN C. COLSON	200 S. BISCAYNE BLVD 255 Aragon Avenue 2nd Floor	MIAMI-FL Coral Gables, FL 33134-5008
VP-	COLSON, BILL Deceased 10/14/1999	200 S BISCAYNE BLVD	MIAMI-FL 4000004275654--0 -05/22/01--01028--009 ****750.00 ****750.00
			4000004275654--0 -05/22/01--01028--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

EIDSON, LEWIS S JR
200 S BISCAYNE BLVD
SUITE 4700
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
255 Aragon Avenue
Suite, Apt. #, Etc.
2nd Floor
City
Coral Gables
State
FL
Zip Code
33134-5008

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 476-7400

Daytime Phone #

CR2E040 (800)