

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

RECEIVED
OCT 22 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712143

1. Corporation Name

COLLEGIATE LIVING ORGANIZATION, INC.

Principal Place of Business

117 N.W. 15TH STREET
GAINESVILLE FL 32603

Mailing Address

117 N.W. 15TH STREET
GAINESVILLE FL 32603

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001



02/19/01 90068 021 6125

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1967

5. FEI Number

59-0205245

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC Pres	DUCHASTEL, JULIA C Palacios, Erick	117 N.W. 15TH STREET	GAINESVILLE FL 32603
VD VP	RATTI, MIKE Sneed, Brian	117 N.W. 15TH STREET	GAINESVILLE FL 32603
TD Sec	MITCHELL, JASON A Silveira, Catarina	117 N.W. 15TH STREET	GAINESVILLE FL 32603
SD Treas	NGHIEN, LOLITA Hamdan, Samar	117 N.W. 15TH STREET	GAINESVILLE FL 32603
PC	SMITH, KIM	117 N.W. 15TH STREET	GAINESVILLE FL 32603
VD	SNEED, BRIAN	117 N.W. 15TH STREET	GAINESVILLE FL 32603

8. Name and Address of Current Registered Agent

SULLIVAN, MATTHEW Palacios, Erick
117 N. W. 15TH STREET
S203
GAINESVILLE FL 32603

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
000004695760--1
Suite, Apt. #, Etc. -11/27/01--01083--026
City ****175.00 ****175.00
State FL Zip Code

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

10/18/01

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

Daytime Phone #

10/18/01 352-377-4269