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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 APR 13 PM 4:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000012146

1. Corporation Name

IOAN C. COLOMPAR, INC.

REINSTATEMENT

05-06 BSC

CR2E081 (12/05)

2. Principal Office Address

411 SKATE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

411 SKATE RD.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL.

City & State

ATLANTIC BEACH, FL.

Zip

32233

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 83-0381114

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

IOAN C. COLOMPAR

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

411 SKATE RD.

Suite, Apt. #, Etc.

City

ATLANTIC BEACH FL.

State FL

Zip Code 32233

900073740789 05/02/06--01058--001 \*\*150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-10-06

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
D/P	IOAN C. COLOMPAR	411 SKATE RD.	ATLANTIC BEACH, FL. 32233

100073740921 05/02/06--01058--002 \*\*150.00

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 contained in Chapter 119, 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]

IOAN C. Colompar

4-10-06 904-881-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Annual Report Dept  
State of Florida

Ref: IOANC. Colompar Inc.  
P# 04000012146

Sworn Affidavit

I, Ioan C. Colompar, did not receive a  
notice for 2005 to renew my corporation.

I am asking to waive the fees for not sending  
it (2005) in.


I am enclosing \$300.00 money orders.

4-10-06 DATE

Ioan C. Colompar

State of Florida  
County of Duval

SIGNED THIS 10<sup>th</sup> Day of April 2006

 Helen R. Wilson  
My Commission DD142431  
Expires August 15, 2006

Helen R. Wilson  
NOTARY NAME