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.

REINSTATEMENT 00-01

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD SUITE 4700 MIAMI FL 33131 US	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	3. New Mailing Office Address, If Applicable
255 Aragon Avenue	255 Aragon Avenue
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134-5008 Country: USA	Zip: 33134-5008 Country: USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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~~
			400004275654--0 -05/22/01--01028--009 ****750.00 ****750.00
			400004275654--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

CR2E040 (8/00)

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 REQUIRED Date:
REGISTERED AGENT MUST SIGN

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 or 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 REQUIRED (305) 476-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #