

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 AM 11:38

DOCUMENT #

168018

1. Corporation Name

Colonial Tavern, Inc.

204
4BR

2. Principal Office Address

2060 S. Bay St.

Suite, Apt. #, etc.

N/A

City & State

Eustis, Florida

Zip

32726

Country

USA

3. Mailing Office Address

P.O. Box 530

Suite, Apt. #, etc.

N/A

City & State

Eustis, Florida

Zip

32727

Country

USA

500004752485--0

01/07/02-01011-003

****158.75 ****158.75

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 14, 1952

5. FEI Number

590693562

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

George M. Bombenger

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

804 N. Bay St.

Suite, Apt. #, Etc.

Suite 2

City

Eustis

State

FL

Zip Code

32726

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

Sharon A. Bartzer

Date 11/7/01

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
P	George M. Bombenger	2060 C. Bay St.	Eustis, Florida 32726
V/P	Sharon A. Bartzer	2060 S. Bay St.	Eustis, Florida 32726
S/T	Sharon A. Bartzer	2060 S. Bay St.	Eustis, Florida 32726
	N/A	N/A	N/A
	N/A	N/A	N/A
	N/A	N/A	N/A

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:

Sharon A. Bartzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/01

Date

352-589-0277

Daytime Phone #

CR2081 (8/00)