

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 171268

1. Corporation Name

COLUMBIA BROKERAGE CO INC.

Principal Place of Business

Mailing Address

3444 MEMORIAL HWY
TAMPA FL 33607

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/52

5. FEI Number

59-0685964

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

58.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	BEUCHAT, RICK	3444 MEMORIAL HWY	TAMPA FL 33607
V-P	SUNDERLAND, C.M.	3444 MEMORIAL HWY	"
S/T	ERGER, ROBERT B.	3444 MEMORIAL HWY	"
VP	ERGER, ROBERT B.	3444 MEMORIAL HWY	"

REINSTATEMENT

9K BS 12/31/98

900002730069-9
01/05/99-01025-024
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERGER, ROBERT B.
3444 MEMORIAL HWY
TAMPA FL 33607

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Robert B. Erger

REGISTERED AGENT MUST SIGN

Date 12/30/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Erger

Date

Daytime Phone #

12/30/98 813) 282-6900

CR2E040 (12/95)