

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 10 10:33

DOCUMENT # 258318

1. Corporation Name

Florida Trophy Center, Inc.

2. Principal Office Address

125 NW 4th Street

Suite, Apt. #, etc.

3. Mailing Office Address

125 NW 4th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip  
33301

Country  
USA

Zip  
33301

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1962

5. FEI Number

59-0971432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 4-06

7. Name and Address of Current Registered Agent

Name

Michael P. Colaianni

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

6021 NE 7th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33334

700080642417  
10/10/06--01005--009 \*\*450.00

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

Date

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
PSTD	Michael P. Colaianni	6021 NE 7th Avenue	Ft. Lauderdale, FL 33334

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

10-04-06 (954)764-3929

Daytime Phone #

Michael OCT 10 2006

2082

Florida Trophy Center, Inc.  
125 NW 4th Street  
Ft. Lauderdale, FL 33301  
FEI 59-0971432  
Document # 258318

Request for waiver of reinstatement fee for the corporation:

Please be informed that the corporation did not receive the annual report in the year of dissolution – 2004. Accordingly the corporation requests that the \$600.00 reinstatement fee be waived.

Included is payment for \$450.00 for years 2004, 2005 and 2006