

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED**

APPLICATION
FOR *re*
REINSTATEMENT



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

**AND
FILED**

1996 DEC -6 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 620925

1 Corporation Name

New Colony Agency, Inc.

Principal Place of Business

702 N. Franklin Street
Tampa, FL 33602

Mailing Address

P.O. Box 1348
Tampa, FL 33601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

401 E. Jackson Street

3 New Mailing Address, If Applicable

Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business in Florida

5/30/79

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

5. FEI Number

59-1908931

Applied For

Not Applicable

City & State

Tampa, FL 33602

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	James A. Orchard	220 S. Ridgewood Avenue	Daytona Beach, FL 32115
S T			
VP	Laurel L. Grammig	401 E. Jackson St. Suite 1700	Tampa, FL 33602

REINSTATEMENT

8. Name and Address of Current Registered Agent

Bruce G. Geer
702 N. Franklin Street
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name
Laurel L. Grammig
Street Address (P.O. Box Number is Not Acceptable)
401 E. Jackson Street
Suite, Apt. #, Etc.
Suite 1700
City
Tampa

State
FL

Zip Code
33602

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

Laurel L. Grammig
REGISTERED AGENT MUST SIGN

Date December 4, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Laurel L. Grammig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 4, 1996

Date

813-222-4277

Daytime Phone #

CR2E040 (12/95)