

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F96000000712

1. Corporation Name

COLONIAL SALES - LEASE - RENTALS, INC.

Principal Place of Business

WAYNE'S WORLD RV SUPERCENTER  
7157 W HIGHWAY 98  
PANAMA CITY FL 32407  
US

Mailing Address

WAYNE'S WORLD RV SUPERCENTER  
7157 W HIGHWAY 98 6400 1st Ave. South  
PANAMA CITY FL 32407 Birmingham, AL 35212  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/1996

5. FEI Number

63-0805624

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	LUTLEY, WAYNE	<del>1917 GLENWICK CIR</del> 1020 Winchester Dr.	BIRMINGHAM AL 35235
V	LUTLEY, BRAD	1020 WINCHESTER DR	BIRMINGHAM AL 35235
S	LUTLEY, SHAY	<del>1917 GLENWICK CIRCLE</del> 1020 Winchester Dr.	BIRMINGHAM AL 35235

000003454980---8  
-11/07/00-01061--013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LUTLEY, WAYNE  
7157 W HIGHWAY 98  
PANAMA CITY FL 32407

9. Name and Address of New Registered Agent

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-13-2000

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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-2000 205-591-3500  
Date Daytime Phone #

KE