

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004540

1. Corporation Name

COLONIAL SURETY COMPANY

Principal Place of Business

50 CHESTNUT RIDGE ROAD
MONTVALE NJ 07645

Mailing Address

50 CHESTNUT RIDGE ROAD
MONTVALE NJ 07645



000008544140
10/23/02--01041--007 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-0485115

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
STD	GALLO, FREDERICK S	2 PINE LANE	BAYVILLE NY
VPD	CIMASKO, ANTHONY J	521 PIERMONT AVE	RIVER VALE NJ
D	DITTRICH JR, RAYMOND R	8417 EAST LAJUNTA PLACE	SCOTTSDALE AZ
D	PEITLER, MICHAEL A	25 VIA LUCA	IRVINE CA
PCD	NUNZIATA, WAYNE T	12 OLD ORCHARD DRIVE	WESTON CT
D	NUNZIATA, JANET	12 OLD ORCHARD DRIVE	WESTON CT

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Handwritten signature and date: 10/22/02

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Handwritten date: 10/22/02

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer

Date

Daytime Phone #

Handwritten date and phone number: 10/22/02 201 573 8788

Colonial Surety Company

Since 1930

ADMINISTRATIVE OFFICE: 50 CHESTNUT RIDGE ROAD, MONTVALE, NJ 07645 201-573-8788 FAX: 201-573-1062 www.colonialsurety.com

October 22, 2002

RE: Colonial Surety Company Reinstatement Application

VIA OVERNIGHT MAIL

Department of State
Corporations Division
409 East Gaines Street
Tallahassee, Florida 32399

Attention: Reinstatement Division

Dear Sir or Madam:

We would appreciate it if you would reinstate Colonial Surety without penalty. *In accordance with* your instructions please note that prior UBR notices were not received By Colonial Surety Company. Enclosed please find:

- 1- Colonial Surety Company's completed and signed application for reinstatement
- 2- Colonial Surety's check number 5016 in the amount of \$150.00 made payable to Florida Department of State.

If you require further information please contact me at (201) 573-8788.

Thank you for your help in this matter. Sincerely,



Fred Gallo
Vice president
Colonial Surety Company

Enclosures (2)

TV/tv