

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000007091

1. Corporation Name

COLORADO CONSTRUCTION CONCEPTS, INC.

Principal Place of Business

**5680 SHADDELEE LANE WEST
FORT MYERS FL 33919
US**

Mailing Address

**5680 SHADDELEE LANE WEST
FORT MYERS FL 33919
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
---To Do Business in Florida

12/29/1998

5. FEI Number

84-7348883

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PALOMBA, MICHAEL A	5680 SHADDELEE LANE WEST	FORT MYERS FL 33919
ST	PALOMBA, SHARON K	5680 SHADDELEE LANE WEST	FORT MYERS FL 33919

700024064977
10/24/03--01014--020 **758.75

8. Name and Address of Current Registered Agent

**YOUNG, KEN
1430 ROSE GARDEN RD.
CAPE CORAL FL 33914**

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

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

REGISTERED AGENT MUST SIGN

Date **10/20/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/20/03 239
8501314**

REINSTATEMENT 2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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