

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H79462**

1. Corporation Name

COLUMBIA VENTURES, INC.

FILED

97 AUG -7 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

825 S. BAYSHOE DR. S 1643
MIAMI FL 33131

825 S. BAYSHOE DR. S 1643
MIAMI FL 33131



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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable 825 Brickell Bay Drive Suite, Apt. #, etc. Suite 1643		3. New Mailing Office Address, If Applicable 825 Brickell Bay Drive Suite, Apt. #, etc. Suite 1643		4. Date Incorporated or Qualified To Do Business in Florida 09/27/1985	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 59-2587326	
Zip 33131		Country USA		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	MENDELSON, ARLENE	825 S. BAYSHORE DR 825 Brickell Bay Drive	MIAMI FL
P	MENDELSON, LAURANS A.	825 S. BAYSHORE DR 825 Brickell Bay Drive	MIAMI FL
V	PAUL JOSEPH Mendelson, Victor	825 S. BAYSHORE DR 825 Brickell Bay Drive	MIAMI FL
AS	VETTER, JUDITH	825 S. BAYSHORE DR 825 Brickell Bay Drive	MIAMI FL
			700002264947--2 -08/12/97--01075--013 ***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDELSON, LAURANS A.
825 S BAYSHORE DR STE. 1643
MIAMI FL 33131

Name
Mendelson, Victor H.
Street Address (P.O. Box Number is Not Acceptable)
~~825 S. BAYSHORE DR STE. 1643~~
Suite, Apt. #, Etc. **825 Brickell Bay Drive**
Suite 1643
City
Miami State **FL** Zip Code **33131**

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

REGISTERED AGENT MUST SIGN

Date **8/5/97**

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 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:

VICTOR H. MENDELSON, V.P.

8/5/97

(305) 374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/96)