

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC 16 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K80309

1. Corporation Name

Kolar Management, Inc.

2. Principal Office Address

1001 US Highway One

3. Mailing Office Address

1001 US Highway One

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

USA

Zip

33477

Country

USA

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

04/14/1989

5. FEI Number

65-0163279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Jay Hunston, Jr.

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

515 N. Flagler Drive

Suite, Apt. #, Etc.

Suite 1900

City

West Palm Beach

State
FL

Zip Code

33401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	Kenneth F. Kolar	1001 N. US Hwy. One, #204	Jupiter, FL 33477
D	Sheree K. Kolar	1001 N. US Hwy One, #204	Jupiter, FL 33477

REINSTATEMENT 2002

BK

10. 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

KENNETH F. KOLAR, PRES

Date

Daytime Phone #

12/12/02

CR2E081 (9/01)