PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

# APPLICATION FOR REINSTATEMENT

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

FILED
02 NOV -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92224

1. Corporation Name

**KIRK COLFORD INSURANCE AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % KIRK T. COLFORD<br>989 W COMMERCIAL BLVD<br>FT LAUDERDALE FL 33309 | % KIRK T. COLFORD<br>989 W COMMERCIAL BLVD<br>FT LAUDERDALE FL 33309 |

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

08/19/02 90137 012 #550.00

| 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: 06/01/1989

5. FEI Number: 65-0124051 ☐ 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 |
|---|---|---|---|
| P | COLFORD, KIRK | 989 W COMMERCIAL BLVD | FT LAUDERDALE FL 33309 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

COLFORD, KIRK T.
989 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309

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

CR2E040 (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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/4/02

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

Date: 11/4/02

Daytime Phone #: 954 772 4414

*Kirk and Kristin Colford*

*2850 Oak Tree Court*
*Fort Lauderdale, FL 33309*
*Home (954) 733-0310*
*Fax (954) 733-0739*
*kirkris@msn.com*

*November 4, 2002*

*Attn: Department of State*

*As per my conversation with your office this morning, I am enclosing the reinstatement application CORRECTLY SIGNED as I did nor receive the prior application back in the mail. It is my understanding that you have the funds being held and this is all that is needed to reinstate the corporation.*

*Sincerely,*

*Kristin Colford*