

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K92224

1. Corporation Name

KIRK COLFORD INSURANCE AGENCY, INC.

FILED

02 NOV -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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)(l), 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

11/4/02

Date

954 772 4414

Daytime Phone #

CR2E040 (8/02)

Kirk and Kristin Colford

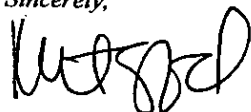
2850 Oak Tree Court
Fort Lauderdale, FL 33309
Home (954) 733-0310
Fax (954) 733-0739
kirkris@msn.com

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 not 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