

L040000033316

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

L. SELLERS

DEC 18 2008

EXAMINER

LIMITED LIABILITY REINSTATEMENT

COLONIAL APARTMENTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED

08 DEC 17 AM 6:32

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TALLAHASSEE, FLORIDA

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08 DEC 17 AM 8:50

FILED

\$277.50
\$100 penalty waived

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December 16, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLONIAL APARTMENTS, L.L.C.
5922 9TH AVENUE NORTH
ST. PETERSBURG, FL 33710

SUBJECT: COLONIAL APARTMENTS, L.L.C.
REF: L04000033316

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: E08000273177
Letter Number: 308A00060505

E08000273177

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000033316

1. Limited Liability Company's Name

COLONIAL APARTMENTS, L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3495 FIFTH AVENUE NORTH Suite, Apt. #, etc.		3. Mailing Office Address 5922 9TH AVENUE NORTH Suite, Apt. #, etc.	
City & State ST. PETERSBURG		City & State ST. PETERSBURG	
Zip 33713	Country USA	Zip 33710	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/30/2004	
6. FEI Number 201073819	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name CHESTER W INGALLS	
Street Address (P.O. Box Number is Not Acceptable) 3495 FIFTH AVENUE NORTH	
Suite, Apt. #, Etc.	
City ST. PETERSBURG	State FL Zip Code 33713

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent Vallu Hark CHESTER W INGALLS by V. Hawk as atty-in-fact Date 12/12/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VOLKER O LAPP	3495 FIFTH AVENUE	NORTH ST. PETERSBURG FL 33713
REINSTATEMENT 07-08			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Vallu Hark Date 12/12/08 Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager VOLKER O LAPP, By V. Hawk as atty-in-fact