

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.:

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Incorporating, Amending,
Reincorporating, or
Changing the Name of a
Foreign Corporation
DIVISION OF CORPORATIONS

FILED

00 MAR -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000150

1. Limited Liability Company's Name

Colonial Capital Management, L.L.C.

2. Principal Office Address

800 Fifth Avenue South

Suite, Apt. #, etc.

Suite 203

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

800 Fifth Avenue South

Suite, Apt. #, etc.

Suite 203

City & State

Naples, FL

Zip

34102

Country

USA

4. State/Country of Formation

South Carolina

5. Date Organized or Qualified
To Do Business in Florida

2/16/98

6. FEI Number

57-1037141

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 3/2/2000

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	Geoffrey M. Salkow	800 Fifth Avenue South, Suite 203	Naples, FL 34102
MGRM	Brenda S. Salkow	800 Fifth Avenue South, Suite 203	Naples, FL 34102

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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

Geoffrey M. Salkow

Date

2-28-00

Daytime Phone # (941) 659-1134

Typed or printed name of signing Managing Member/Manager Geoffrey M. Salkow

CR2E041 (9/99)

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Document Number Only

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**CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation(s) Name

Colonial Capital Management, LLC

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Ch. RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> (XXX) Walk in	<input type="checkbox"/> (XXX) Pick-up	<input type="checkbox"/> Will Wait

Name Availability: _____

Document Examiner: _____

Updater: _____

Verifier: _____

Acknowledgement: _____
W.P. Verifier: _____
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

MAR 2 -

**Please Return Extra
Copies File Stamped
To:
Melanie Strickland**

Thank You!

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