

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

UBR 2005
CORPORATION
ANNUAL Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 902000050394

1. Corporation Name
Colett Construction, Inc.

2. Principal Office Address
14809 Farnham Way
Suite, Apt. #, etc.

3. Mailing Office Address
14809 Farnham Way
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, Florida

Zip Country
33624 USA

Zip Country
33624 USA

FILED
05 MAY -4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 5/3/02

5. FEI Number 364494951
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
Robert L. Cole, Sr.

Street Address (P.O. Box Number is Not Acceptable)
11710 Tom Folsom Rd

Suite, Apt. #, Etc.

City State Zip Code
Thonotosassa, FL 33592

200054518832
05/13/05 01052-022 **150.00

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 Robert L. Cole, Sr.
REGISTERED AGENT MUST SIGN

Date 4/28/05

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
PT	Cole, Robert L Sr.	11710 Tom Folsom Rd	Thonotosassa, FL 33592
EVP	Loney, Gwendolyn L.	14809 Farnham Way	Tampa, FL 33624
VP	Leff, Marcella	3208 44th Street	Tampa, FL 33610

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: Gwendolyn L. Loney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/05 83968-1282
Daytime Phone #

CR2E081 (01/05)