

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT # **P03000084708**

1. Corporation Name

COLISEUM BUILDERS INC.

2. Principal Office Address

208 LOUISE AVE.

Suite, Apt. #, etc.

City & State

BRANDON, FL.

Zip

33510

Country

USA

3. Mailing Office Address

208 LOUISE AVE.

Suite, Apt. #, etc.

City & State

BRANDON, FL.

Zip

33510

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/2003

5. FEI Number

20 0110977

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

PETER FARREN

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

433 LITHIA PINECREST RD.

Suite, Apt. #, Etc.

City

BRANDON,

State
FL

Zip Code

33510

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

Peter Farren

REGISTERED AGENT MUST SIGN

Date

12/13/05

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
P	JOHN COSTIGLIOLA	208 LOUISE AVE.	BRANDON, FL. 33510

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/05

Daytime Phone #

(813) 555-4477

COLISEUM BUILDERS

208 LOUISE AVE.
BRANDON, FL. 33510

December 13, 2005

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sir or Madam:

Enclosed is my completed application for reinstatement of the corporation along with a self-addressed stamped priority mailer.

I am requesting a waiver of the reinstatement fee due to non-receipt of the payments due notices from the state to myself.

Any questions please call me at (813) 655-4477,

Sincerely,



John Costigliola

Enclosed fees;

Reinstatement fee	2004	\$150.00
	2005	\$150.00
Certificate of status		<u>\$8.75</u>
Total		\$308.75