

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 2:51

DOCUMENT # P04000121561

1. Corporation Name

COLT FINANCIAL CORPORATION

2. Principal Office Address

712 US HWY ONE

3. Mailing Office Address

712 US HWY ONE

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2004

5. FEI Number

42-1642456

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

Gerald S Polakoff

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

2480 Presidential Way

Suite, Apt. #, Etc.

503

City

West Palm Beach

State

FL

Zip Code

33401

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

Gerald S Polakoff

Date

10/2/2006

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---------------------------|
| D | Gerald S Polakoff | 2480 Presidential Way #503 | West Palm Beach, FL 33401 |
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500081184115
10/25/06--01026--021 **150.00
500081184115
11/07/06--01015--015 **308.75

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 contained in Chapter 119, 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:

Gerald S Polakoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/2006

Daytime Phone #

2 of 2

COLT FINANCIAL CORPORATION
712 US HWY ONE STE 300
NORTH PALM BEACH, FL 33408
(P) 561-844-0515
(F) 561-844-2873
(C) 917-841-9205

October 23, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter requesting a waiver of reinstatement fee. A number of circumstances have occurred contributing to my delinquent filing of this application.

The address listed with the Department of State for my corporation was 632 Hibiscus Street, Suite 110, West Palm Beach, FL. Due to lease complications, my company, Colt Financial Corporation was instead located at 319 Clematis Street in West Palm Beach. Consequently, I never received my annual report or notice to reinstate. *For 2005 & 2006*

Additionally, the corporation was affected by the hurricanes and is just now recovering from the devastation of these storms. As a result, I failed to reinstate my corporation status with the Department of State in a timely manner. *JA*

I respectfully request a reduction in the fee for reinstatement of my Florida "For Profit" corporation.

Enclosed is a check in the amount of \$150.00. I thank you in advance for your assistance and cooperation.

Sincerely,


Gerald Polakoff