

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 23 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000120604

1. Corporation Name

Colman Trading Services, Inc

2. Principal Office Address - No P.O. Box #

140 Berenger walk

Suite, Apt. #, etc.

City & State

Royal Palm Beach

Zip

33414

Country

PB

3. Mailing Office Address

363 Berenger walk

Suite, Apt. #, etc.

City & State

Royal Palm Beach

Zip

33414

Country

PB

000172881500  
03/23/10--01014--011 \*\*150.00

REINSTATEMENT (1/09) 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida 09/19/2006

5. FEI Number  
20-564-7020

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

Dionisio A. Colman

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

140 Berenger Walk

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33414

The 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 reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/14/2010

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	Dionisio Colman	140 Berenger Wlk	Royal Palm Beach, FL 33414
VP	Veronica Colman	140 Berenger Walk	Royal Palm Beach, FL 33414

10. E-mail Address: andy@colmantrading.com

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2010 203-722-8532

Date

Daytime Phone #

212-3