


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000033936 1. Entity Name DAN A. COLACHICCO, P.A.	
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FILED
 08 NOV -6 AM 11:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1900 SUMMIT TOWER BOULEVARD SUITE 650 ORLANDO, FL 32810	Mailing Address 1900 SUMMIT TOWER BOULEVARD SUITE 650 ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLACHICCO, NANCY W 840 SILVERWOOD DRIVE LAKE MARY, FL 32746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nancy W. Colachicco* DATE: 10-30-08

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLACHICCO, DAN A 840 SILVERWOOD DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138036293 11/18/08--01013--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLACHICCO, NANCY W 840 SILVERWOOD DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>11/17</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 10/30/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN A. COLACHICCO, P.A.
1900 Summit Tower Boulevard
Suite 650
Orlando, FL 32810

October 24, 2008

To Whom It May Concern:

I am not in receipt of my annual report renewal forms. It appears that my staff did not realize that I needed the information and possibly threw it out. I have received the Notice of Dissolution and am interested in keeping my company active. Enclosed, please find my check for \$150 to renew my status with the Florida Department of State.

Regards,

A handwritten signature in black ink, appearing to read 'Dan A. Colachicco', written in a cursive style.

Dan A. Colachicco
President