

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION

FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P32752

1. Corporation Name

COLORADO PRIME CORPORATION

Principal Place of Business

Mailing Address

500 BI COUNTY BLVD #400
FARMINGDALE NY 11735

500 BI COUNTY BLVD #400
FARMINGDALE NY 11735

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1991

5. FEI Number

11-2826129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	LACHENMEYER, STEVEN	1 MICHAEL AVE	FARMINGDALE NY 11735
T	LACHEMEYER, STEVEN	500 BI COUNTY BLVD	FARMINGDALE NY 11735
PD	ROMAN, PAUL	500 BI COUNTY BLVD #400	FARMINGDALE NY
CFO	Fred Spivak	500 Bi County Blvd #400	Farmingdale NY 11735
T	Greg Isgro	500 Bi County Blvd #400	Farmingdale NY 11735
Pres	Paul Roman	500 Bi County Blvd #400	Farmingdale NY 11735

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
The Prentice-Hall Corporation System, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
300004717533--3
-12/10/01--01116--005
City
Tallahassee
State
FL
Zip Code
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper
Deborah D. Skipper
Asst. V. Pres.

Date 12-4-01

REGISTERED AGENT MUST SIGN

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 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

11/28/01
Date

631-694-1111 x
Daytime Phone # 536

Page 2 of 2



COLORADO PRIME FOODS®

RESTAURANT QUALITY FOOD AT HOME...
SINCE 1959

11/28/01

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Enclosed is the application for the 2001 annual report. Unfortunately, we never received the initial application that was sent. Please forward future information regarding the annual reports to the address on the application, to the attention of Anna Cilmi.

If you should require any additional information, you can contact me at 631-694-1111 ext. 531.

Thank you for your attention to this matter.

Anna Cilmi
500 Bi-County Blvd.
Farmingdale, NY 11735