

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUL -5 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32752

1. Corporation Name

Colorado Prime Corporation

2. Principal Office Address

500 BI-COUNTY BLVD.

3. Mailing Office Address

500 BI-COUNTY BLVD.

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

FARMINGDALE, NY

City & State

FARMINGDALE, NY

Zip

11735

Country

USA

Zip

11735

Country

USA

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

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

Jacqueline N. Casper

Date 6/13/06

Jacqueline N. Casper

REGISTERED AGENT MUST SIGN Assistant VP

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/D/CEO	PAUL ROMAN	500 BI-COUNTY BLVD. #400	FARMINGDALE, NY 11735
VP/CFO	THOMAS MCNEILL	500 BI-COUNTY BLVD. #400	FARMINGDALE, NY 11735
VP/Op	KEN SACCENTE	500 BI-COUNTY BLVD. #400	FARMINGDALE, NY 11735

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:

V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/06

Date

631.694.1111

Daytime Phone #