PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -9 PH 3: 06
SEC... ...E FLORIDA
TALLAHASSEE FLORIDA

DOCUMENT # P93000059324

1. Corporation Name
COLONIAL TRADING, INC.

1326 TADSWORTH TERRACE
1326 TADSWORTH TERRACE

800040019808
08/09/04--01077--014 **1358.75

2. Principal Office Address
1326 TADSWORTH TERRACE

3. Mailing Office Address
1326 TADSWORTH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 08/24/1993

City & State
HEATHROW, FL

City & State

5. FEI Number
59-3194451

Applied For
Not Applicable

Zip
32746

Country

Zip

Country

6.
CERTIFICATE OF STATUS DESIRED ☑

$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
E. J. CLEVE WATSON, PA

Street Address (P.O. Box Number is Not Acceptable)
317 N.E. 36TH AVENUE

Suite, Apt. #, Etc.
UNIT 5

City	State	Zip Code
OCALA	FL	34470

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 8-2-2004

CR2E081 (01/04)

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	JOAN M. SOMERS	1326 TADSWORTH TERRACE	HEATHROW, FL 32746
P	JOHN SOMERS	252 PROMENADE CIRCLE	HEATHROW, FL 32746

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/04
Date

407-648-8746
Daytime Phone #