PLEASE READ ALL INSTRUCTIONS BEFORE CO **APPLICATION** FLORIDA DEPARTMENT OF STATE **FOR** Annual Report 96 **FILED** REINSTATEMEN Aug 19 1996 8:00 am DOCUMENT # 193000072096 Secretary of State 1. Corporation Name COLONADE INVESTMENT, INC. Principal Place of Business Mailing Address 1314 CAPE CORAL PKWY SUITE 204 CAPE CORAL, FL., 33904 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 3. New Principal Office Address, If Applicable 2. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FE! Number Applied For 65-0447977 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) REINHARD SCHAUPP 1314 CAPE CORAL PKMY CAPE CORAL 33904 POST WALTER) PEMHOF 5265 NAUTILUS DRIVE CAPE CORAL FL 33904 KARINASCHAUPP 1314 CAPE CORAL PKMY CAPE CORAL FL,33901 D 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WALTER J. REMHOF Street Address (P.O. Box Number is Not Acceptable) 5265 NAUTILUS DRIVE CAPE CORAL, FL., 33904 Suite, Apt. #, Etc. **600001923905** -08/16/96--0101**2=1**025 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.6905, F.S. Signature of Registered Agent Date (See other side for 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the (See other side for information No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the recurrements of section 607 0401 or 617 6401, F.S., and that all less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

8/12/96 Daytone Objent #

SIGNATURE: