

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083410

1. Corporation Name

COLEYSE CORP
DBA TRAILER ESTATES MARINE

2. Principal Office Address

6807 3RD ST LT W

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34201

Country

USA

3. Mailing Office Address

7040 N. TAMiami TR

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34243

Country

USA

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 4:10

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11-29-1993

5. FEI Number

65-0449512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES H. RICHELIEU III

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

6807 3RD ST LT W

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34201

500013701005

03/10/03--01002--010 **1099.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-6-03

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
PSO	CHARLES H. RICHELIEU III	6807 3RD ST LT W	BRADENTON, FL 34201

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] Charles H. Richelieu III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-03

Daytime Phone #

941-359-0390

CR2E081 (10/02)