PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 AUG 14 PM 1: 24 P940000 10574 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name COL PAR, Inc. Principal Place of Business Mailing Address 1001 No US Highway One 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0467692 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Anthony J. Colocci, Jr. 1001 N. US Highway One 9 *a* FL 33477 T5 000002272640-- -08/2<u>0</u>/97--01096--011 ****915.00<u>**</u>**915.00 REINSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Anthony Je Colveri, Jr. 1001 N. US Highway One, Suite 400 Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Jupiter Florida 33477 City Zip Code 10. I, being appointed the registered agent of the above name to potation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) Yes Nol 12. 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 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.

Daytime Phone #