

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000070738

1. Corporation Name  
COLOSSEUM II, INC.

Principal Place of Business Mailing Address  
9980 Fairway Cove Lane  
Plantation, FL 33324

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 |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 9/26/94                                                     |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                               |  |
| Zip                                            |  | Country                                      |  | 65-0528591                                                  |  |
|                                                |  |                                              |  | Applied For                                                 |  |
|                                                |  |                                              |  | Not Applicable                                              |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|                                                |  |                                              |  | \$8.75 Additional Fee required 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) |                                      |                                                                                        |                       |
| 1. Title(s)                                                                                                                   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| P, S, T, D                                                                                                                    | Helen Sharar                         | 9980 Fairway Cove Lane                                                                 | Plantation, FL 33324  |
|                                                                                                                               |                                      |                                                                                        |                       |
|                                                                                                                               |                                      |                                                                                        |                       |
|                                                                                                                               |                                      |                                                                                        |                       |
|                                                                                                                               |                                      |                                                                                        |                       |
|                                                                                                                               |                                      |                                                                                        |                       |

REINSTATEMENT 9/8/99 11TS

|                                                 |  |                                                                            |  |
|-------------------------------------------------|--|----------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent |  | 9. Name and Address of New Registered Agent                                |  |
|                                                 |  | Name<br>Jeffrey S. Wachs, Esq.                                             |  |
|                                                 |  | Street Address (P.O. Box Number is Not Acceptable)<br>1177 S.E. 3rd Avenue |  |
|                                                 |  | Suite, Apt. #, Etc.                                                        |  |
|                                                 |  | City<br>Fort Lauderdale                                                    |  |
|                                                 |  | State<br>FL                                                                |  |
|                                                 |  | Zip Code<br>33316                                                          |  |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jeffrey S. Wachs* REGISTERED AGENT MUST SIGN Date 6/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 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: *Helen Sharar* Helen SHARAR Date 6/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR