

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 25 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P94000091247 (4)

1. Corporation Name

COLLEONI DI AMERICA CORPORATION

2. Principal Office Address

c/o Alan J. Ciklin

Suite, Apt. #, etc.

515 N. Flagler Dr.
Suite 1700

City & State

West Palm Bch, FL

Zip

33401

Country

USA

3. Mailing Office Address

c/o Alan J. Ciklin

Suite, Apt. #, etc.

515 N. Flagler Dr.
Suite 1700

City & State

West Palm Bch, FL

Zip

33401

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/94

5. FEI Number

65-0541912

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

Alan J. Ciklin

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

515 N. Flagler Drive, Suite 1700

Suite, Apt. #, Etc.

City

West Palm Beach,

State
FL

Zip Code

33401

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

Alan J. Ciklin REGISTERED AGENT MUST SIGN

Date 7/21/00

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
P/S/T D	Peter Kolbel	c/o Alan J. Ciklin 515 N. Flagler Dr., Suite 1700	West Palm Bch, FL 33401

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)(l), 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

21st July 2000

Date

561-820-0369

Daytime Phone #

CR2E081 (9/99)