

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 18 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048956**

1. Corporation Name  
**HIS COLONY, INC.**

Principal Place of Business  
**1204 GOLDEN CLUB COURT  
ORLANDO FL 32825**

Mailing Address  
**1204 GOLDEN CLUB COURT  
ORLANDO FL 32825**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**602 FOX TERRIER  
ORLANDO FL**

3. New Mailing Office Address, If Applicable  
**602 FOX TERRIER  
ORLANDO FL**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/21/1985**

5. FEI Number

☒ Applied For  
☐ Not Applicable

Zip **32825**

Country **USA**

Zip **32825**

Country **USA**

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	TIRONA, MANUEL	1206 GOLDEN CLUB COURT	ORLANDO FL 32825
D	ARANZAMENDEZ, DANILO	3604 EXETER COURT	ORLANDO FL
D	SAN LUIS, CARLOS R	1204 GOLDEN CLUB COURT	ORLANDO FL 32825
D	OCAMPO, CESAR	3801 WOODGLADE COVE	WINTER PARK FL 800002010758--9 -11/21/96-01022-010 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

**SAN LUIS, CARLOS R  
1204 GOLDEN CLUB COURT  
ORLANDO FL 32825**

9. Name and Address of New Registered Agent

Name **SAN LUIS, CARLOS R**  
Street Address (P.O. Box Number is Not Acceptable)  
**602 FOX TERRIER**  
Suite, Apt. #, Etc.  
City **ORLANDO** State **FL** Zip Code **32825**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11/12/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/12/96**

Daytime Phone # **407) 781-9192**

CR2040 (7/96)