

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 31 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000038642**

**1. Corporation Name**

Colby Materials, Inc.

**2. Principal Office Address**

1245 E. Norvell Bryant Hwy.

Suite, Apt. #, etc.

City & State

Hernando, FL

Zip

34442

Country

USA

**3. Mailing Office Address**

P. O. Box 1383

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34451

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/30/1996

**5. FEI Number**

59-3386129

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-03

**7. Name and Address of Current Registered Agent**

Name

Scott A. Adams

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

1245 E. Norvell Bryant Hwy. 900025900419  
12/31/03--01058--019 \*\*12 0.00

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

**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

REGISTERED AGENT MUST SIGN

Date 12-24-03

**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
PD	Charles E. Strange, JR.	1245 E. Norvell Bryant Hwy.	Hernando, FL 34442
VSD	Scott A. Adams	1245 E. Norvell Bryant Hwy.	Hernando, FL 34442

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

Scott A. Adams

Date

12-24-03

Daytime Phone #

(352)637-4083

CR2E081 (10/02)