

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 7:28

DOCUMENT # P96000052837

1. Corporation Name

COLUMBIA BUILDING & DESIGN, INC.

Principal Place of Business

Mailing Address

8259 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

8259 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

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

06/19/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0674886

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	GRUBER, CARRIE S	8259 NORTH MILITARY TRAIL	PALM BEACH GARDENS FL
VP	GRUBER, MICHAEL	8259 NORTH MILITARY TRAIL	PALM BEACH GARDENS FL

700004661607--7
-10/31/01--01080--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUBER, CARRIE S
8259 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Carrie S Gruber
REGISTERED AGENT MUST SIGN

Date

10-16-01

11. 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

561-624-8009

Daytime Phone #

CR2ED40 (8/01)



DATE: OCT. 15, 2001
TO: DEPARTMENT OF STATE/REINSTATEMENT DIVISION
FROM: COLUMBIA BUILDING & DESIGN INC.
RE: REINSTATEMENT FEE

ENCLOSED ARE THE REINSTATEMENT APPLICATION AND A CHECK IN THE AMOUNT OF \$150.00. THIS REINSTATEMENT REQUEST IS THE FIRST AND ONLY REQUEST WE HAVE RECIEVED FROM THE FLORIDA DEPARTMENT OF STATE. THERFOR THE AMOUNT OF THE CHECK IF \$150.00 AND NOT \$750.00. THANK YOU.