

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 5:24

DOCUMENT # P96000062724

1. Corporation Name

COLVIN & GRUNOR, P.A.

Principal Place of Business

Mailing Address

605 E. ROBINSON STREET STE 720
ORLANDO FL 32801

605 E. ROBINSON STREET STE 720
ORLANDO FL 32801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 95

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1996

5. FEI Number

59-3397211

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	COLVIN, R G	605 E. ROBINSON STREET STE 720	ORLANDO FL 32801
VSD	GRUNOR, SYLVIA A	605 E. ROBINSON STREET STE 720	ORLANDO FL 32801

000003033150--8
-11/02/99--01098--025
***1500.00 ***750.00

10/11/1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLVIN, R G ESQ.
605 E. ROBINSON STREET STE 720
ORLANDO FL 32801

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-13-99

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.

SIGNATURE

[Signature]

SIGNATURE OF OFFICER OR DIRECTOR

10-13-99

Date

4074267808

Daytime Phone #