

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JAN -2 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064090

1. Corporation Name

A COW OF A DIFFERENT COLOR, INC.

Principal Place of Business

1509 SOUTH EVERGREEN AVENUE
CLEARWATER FL 34616

Mailing Address

1509 SOUTH EVERGREEN AVENUE
CLEARWATER FL 34616

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

2. New Principal Office Address, If Applicable

1605 S. Missouri Avenue
Suite, Apt. #, etc. Suite #9

City & State
Clearwater, FL

Zip 33750 Country USA

3. New Mailing Office Address, If Applicable

1605 S. Missouri Avenue
Suite, Apt. #, etc. 9

City & State
Clearwater, FL

Zip 33750 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1996

5. FEI Number

59-3393130

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD PS	MACLAREN, CATHERINE M	1509 SOUTH EVERGREEN AVENUE	CLEARWATER FL 34616
YSD ✓	MACLAREN, PETER M	1509 SOUTH EVERGREEN AVENUE	CLEARWATER FL 34616
Tucker	Tucker, Denise D	1399 S. Belcher Road #59	Largo, FL 33771

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Catherine M.S. MacLaren
Street Address (P.O. Box Number is Not Acceptable)
1509 S. Evergreen Avenue
Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33750

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 Catherine M.S. MacLaren
REGISTERED AGENT MUST SIGN

Date 10/20/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 statement 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 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:

Catherine M.S. MacLaren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/97 (813) 581-1859
Date Daytime Phone #