CAPITAL CONNECTION 850 222 1222 10/19 '99 11:19 NO.194 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073436

1. Corporation Name

COLA, INCORPORATED

Principal Place of Business
60 NORTH MAIN STREET
ALACHUA, FLORIDA 32615

Mailing Address
SAME

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable

Suite, Apt, #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable
60 NORTH MAIN STREET
Suite, Apt. # etc. POST OFFICE BOX 1329
City & State ALACHUA, FLORIDA
Zip 32616 | Country USA

4. Date Incorporated or Qualified To Do Business In Florida 08/29/96

5. FEI Number 59-3403415 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [A]

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
PRES	THOMAS F. TOMBERLIN	60 NORTH MAIN STREET	ALACHUA, FLORIDA 32615
SEC/TRES	YAEKO EGASHIRA TOMBERLIN	60 NORTH MAIN STREET	ALACHUA, FLORIDA 32615

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

THOMAS F. TOMBERLIN
60 NORTH MAIN STREET
POST OFFICE BOX 1329
ALACHUA, FLORIDA 32616

9. Name and Address of New Registered Agent

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 Thomas F. Tomberlin
REGISTERED AGENT MUST SIGN
Date 10/19/99

11. This corporation owes 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 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: Thomas F. Tomberlin 10/19/99 904-462-5997 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. TOMBERLIN
Date
Daytime Phone #