

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OCT 29 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049952

1. Corporation Name

Coron Colors Pottery, Inc.

500004671135--9

-11/07/01--01063--017

***1050.00 ***1050.00

2. Principal Office Address

2374 Capital Circle NE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, Florida

Zip

32308

Country

USA

Zip

32308

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

6/5/97

5. FEI Number

59-3450891

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN L. BLANK

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

2374 Capital Circle NE

Suite, Apt. #, Etc.

Tallahassee, FL

City

Tallahassee, FL

State
FL

Zip Code

32308

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

John L. Blank

Date

10/29/2001

REGISTERED AGENT MUST SIGN

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
PRES.	JOHNSON, LAURA L.	2374 Capital Circle NE	Tallahassee, FL 32308
DVP	BLANK, DEAWNA L.	2374 Capital Circle NE	Tallahassee, FL 32308
DTS	BLANK, JOHN L.	2374 Capital Circle NE	Tallahassee, FL 32308

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:

John L. Blank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2001

Date

850-383-1111

Daytime Phone #

CR2E081 (9/00)