

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

DOCUMENT # P98000060751

1. Corporation Name

COLON ENTERPRISES, INC.

99 OCT 19 AM 11:45

Principal Place of Business

Mailing Address

3139 TERRY BROOK DRIVE #1615
WINTER PARK FL 32792

3139 TERRY BROOK DRIVE #1615
WINTER PARK FL 32792



REINSTATEMENT

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

2. New Principal Office Address, if Applicable
14686 Laguna Bch Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1998

5. FEI Number

59.352.2310

Applied For

Not Applicable

City & State
Orlando, FL

City & State

Zip
32824

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COLON, GRISELLE	3139 TERRY BROOK DRIVE #1615	WINTER PARK FL 32792
		14686 Laguna Beach Circle	Orlando, FL 32824

8000003027188--8
-10/27/99--01106--025
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, CHARLES R
1400 W FAIRBANKS AVE, SUITE 204
WINTER PARK FL

Name: Grisselle Colon
Street Address (P.O. Box Number is Not Acceptable): 14686 Laguna Bch Circle
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32824

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

Grisselle Colon
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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grisselle Colon

10/13/99 407.251.1509
Date Daytime Phone #