

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 CORPORATION

02 FEB 15 PM 1:55

DOCUMENT # P98000088404

1. Corporation Name

COLBURN CARPENTRY, INC.

Principal Place of Business

Mailing Address

3276 PT CHARLOTTE BLVD
PT CHARLOTTE FL 33952

3276 PT CHARLOTTE BLVD
PT CHARLOTTE FL 33952



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

23220 ROUNDTREE AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

← SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1998

5. FEI Number

65-0871927

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COLBURN, DAVID A	3276 PT CHARLOTTE BLVD	PT CHARLOTTE FL 33952
VP	PALMER, PAUL	3276 PT CHARLOTTE BLVD	PT CHARLOTTE FL 33952
S	DANIEL NOSTROM	23220 ROUNDTREE AVE	PT CHARLOTTE FL 33980
			700004961947--4 -02/20/02--0076--007 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLBURN, DAVID A
3276 PT CHARLOTTE BLVD
PT CHARLOTTE FL 33952

Name

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

23220 ROUNDTREE AVE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33980

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/3/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/01

Daytime Phone #