

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008144

1. Corporation Name

COLMAR INTERNATIONAL, INC.

500009676585
12/24/02--01060--005 ***1050.00

2. Principal Office Address

110 HWY 27 SOUTH

Suite, Apt. #, etc.

City & State

LAKE HAMILTON, FL

Zip

33851

Country

UNITED STATES

3. Mailing Office Address

P. O. BOX 1375

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip

33845

Country

UNITED STATES

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/20/99

5. FEI Number

59-3574937

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

MARILYN PULLEN

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

110 HWY 27 SOUTH

Suite, Apt. #, Etc.

City

LAKE HAMILTON

State
FL

Zip Code

33851

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

M. Pullen

REGISTERED AGENT MUST SIGN

Date **19 December 02**

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
P	MARILYN PULLEN	110 HWY 27 SOUTH	LAKE HAMILTON, FL 33851

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:

M. Pullen **MP PULLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Dec 02

Date

**863
421 6115**

Daytime Phone #

CR2E081 (9/01)

12/30