

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # **P99000104732**

1. Corporation Name

COLBY IV, INC.

Principal Place of Business

Mailing Address

**100 N. GULFSHORE DRIVE
DESTIN FL 32541**

**100 N. GULFSHORE DRIVE
DESTIN FL 32541**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3629652

Applied For

City & State

City & State

Not Applicable

Zip

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
PT	GONZALEZ, ROBERT	720 RUDDER ROAD	NAPLES FL
SD	GONZALEZ, IDALIA	720 RUDDER ROAD	NAPLES FL
VD	GONZALEZ, ROBERT JR	105 N GULFSHORE DRIVE	DESTIN FL 32541

700004733137--9
-12/19/01--01053--010
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, BOB JR.
105 N. GULFSHORE DRIVE
DESTIN FL 32541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/14/01**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/01

Date

Daytime Phone #

CR2E040 (8/01)

Joseph M. Scheyd, Jr. P.A.

ATTORNEY AT LAW
1221 AIRPORT ROAD • SUITE 209
DESTIN, FLORIDA 32541
TEL: (850) 837-1171
FAX: (850) 837-3317

November 28, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

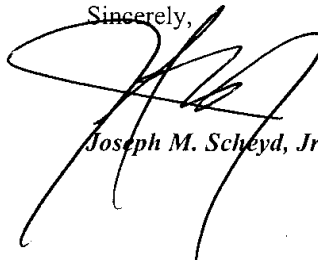
Re: Colby IV, Inc.
Document #: P99000104732

To whom it may concern:

Enclosed please find a completed Florida Department of State Corporation Reinstatement form along with a check in the amount of \$ 150.00 to reinstate the above referenced corporation. The Annual Report packet from the Secretary of State was not received by our office, therefore, the corporations status was moved to "inactive".

Should you require further information to complete the reinstatement process, please don't hesitate to call our office.

Sincerely,



Joseph M. Scheyd, Jr., P.A.

JMSjr/tls
enclosures

Prop 201