

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

06 MAY 15 AM 8:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P99000107765

1. Corporation Name
 Colonnade Plaza, Inc.

2. Principal Office Address
 1096 E Newport Center Dr

3. Mailing Office Address
 1096 E Newport Center Dr

4. Suite, Apt. #, etc.
 Suite 100

5. Suite, Apt. #, etc.
 Suite 100

6. City & State
 Deerfield Beach, FL

7. City & State
 Deerfield Beach, FL

8. Zip
 33442

9. Country
 US

10. Zip
 33442

11. Country
 US

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 12/14/99

5. FBI Number 650980950

6. CERTIFICATE OF STATUS DESIRED: File - Additional Fee Required for a Certificate of Status

Applied For: Not Applicable

7. Name and Address of Current Registered Agent

Name
 Butters, Malcolm

Street Address (P.O. Box Number is Not Acceptable)
 1096 E Newport Center Dr

Suite, Apt. #, Etc.
 Suite 100

City
 Deerfield Beach

State
 FL

Zip Code
 33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *[Signature]* Date: 5/15/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Butters, Malcolm	1096 E Newport Center Dr Suite 100	Deerfield Beach, FL 33442
D	Butters, Mark	1096 Newport Center Dr Suite 100	Deerfield Beach, FL 33442

10. I certify that I am an officer or director or the recipient of notice (dependent on the nature of this application) 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 addressed, 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 contained in Chapter 119, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Malcolm Butters, Director-5/15/06 954-312-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/16/06

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

COLONNADE PLAZA, INC.

Certificate of Status	0
Certified Copy	0
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