

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
1997 FOR AIR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FORM
AND
FILED

97 OCT 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 524392

1. Corporation Name

W. J. COLEMAN & ASSOCIATES, INC.

Principal Place of Business

11501NW 24TH ST.
PLANTATION, FLORIDA 33323

Mailing Address

11501NW 24TH ST.
PLANTATION, FL 33323

300002320563--3
-10/15/97--01034--009
****175.00 ****175.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1991

5. FEI Number

65-0257242

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILLIAM J. COLEMAN	11501NW 24TH ST.	PLANTATION, FL 33323
S/T	ARISA H. COLEMAN	11501NW 24TH ST.	PLANTATION, FL 33323

8. Name and Address of Current Registered Agent

ARISA H. COLEMAN
11501NW 24TH ST.
PLANTATION, FLORIDA 33323

9. Name and Address of New Registered Agent

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

Arisa H. Coleman
REGISTERED AGENT MUST SIGN

Date 10/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

William J. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/97

Date

954 763-2900

Daytime Phone #



W.J. Coleman & Associates, Inc.

Transport Brokers, Consultants & Surveyors

October 6, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR SIR/MADAM:

Please be informed that due to the fact that the 1997-1998 Corporation Annual Report was never received in our address in Plantation.

We requested a Reinstatement form which we attached. Please make the necessary change of Corporation address as follows;


OLD ADDRESS;
15988 E. Wind Circle
Sunrise, Fl 33326

NEW ADDRESS;
11501NW 24TH ST.
Plantation, Florida 33323

Also we are including the fee for the amount of \$175.00

Respectfully,

W. J. Coleman & Associates


Vicky Martinez for W. J. Coleman