

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 JUL 29 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S45661**

1. Corporation Name  
**COLEDO INCORPORATED**

Principal Place of Business Mailing Address

~~4508 TAMIAHI TRAIL NORTH  
NAPLES FL 33940~~  
**13180 N. Cleveland Ave.  
Suite 226  
N. Ft Myers FL 33903**

~~4508 TAMIAHI TRAIL NORTH  
NAPLES FL 33940~~  
**13180 N. Cleveland Ave  
Suite 226  
N. Ft Myers FL 33903**

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



**REINSTATEMENT** 0798

2. New Principal Office Address, If Applicable  
**13180 N. Cleveland Ave  
Suite, Apt. #, etc.  
226  
City & State  
N. Ft Myers  
Zip  
33903**

3. New Mailing Office Address, If Applicable  
**13180 N. Cleveland Ave  
Suite, Apt. #, etc.  
226  
City & State  
N. Ft Myers  
Zip  
33903**

4. Date Incorporated or Qualified To Do Business in Florida  
**04/16/1991**

5. FEI Number  
**65-0259069**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SPENCER, DAVID S.	209 MERMAIDS BIGHT 299	NAPLES FL
TD	DAVIS, RICHARD L.	315 ST ANDREW BLVD	NAPLES FL
<del>D</del>	<del>D'AMATO, ANITA</del>	<del>441 RAILROAD AVENUE</del>	<del>SALISBURY MA</del>
D	ZOGRAFOS, JAMES	9 ROCKYLEDGE ROAD	SWAMPSCOTT MA
D	KALIONTZIS, GEORGE	23 PINE RIDGE ROAD	ARLINGTON MA

800002607298 AB 6  
-08/04/98-010039-003  
\*\*\*\*300.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

**HAINS, TIMOTHY G  
4501 TAMIAHI TRAIL NORTH  
NAPLES FL 33940**

9. Name and Address of New Registered Agent

Name  
**DAVID SPENCER**

Street Address (P.O. Box Number is Not Acceptable)  
**13180 N. Cleveland Avenue**

Suite, Apt. #, Etc.  
**226**

City  
**N. FT MYERS**

State  
**FL**

Zip Code  
**33903**

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 **David Spencer** Date **7/27/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: **David Spencer** Date **7/27/98** (941) 995-5356

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

CPRE040 (8/97)