

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08193

**CORPORATION  
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006582

1. Corporation Name **Color Spot Christmas Trees, Inc.**

**REINSTATEMENT**

99-00

SP

2. Principal Office Address  
**3478 Buskirk Ave., Ste 260**

Suite, Apt. #, etc.

City & State  
**Pleasant Hill, CA**

Zip Country  
**94523 USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **December 12, 1997**

5. FEI Number  
**87-0570128**

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  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City  
**Tallahassee,**

State Zip Code  
**FL 32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent *John S. Hoeng*  
**JOHN S. HOENG** REGISTERED AGENT MUST SIGN

Date **4/7/00**

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
	See attached rider		

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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: *Joseph P. O'Neill* - **Joseph P. O'Neill** 3/20/00 925-974-2352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Rider: Directors/Officers**

**Directors:**

Ranjit Bhonsle, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Richard E. Parker, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Boligala Raju, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Michael F. Vukelich, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523

**Officers:**

President - Boligala Raju, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Vice President - Mary D. Tyren, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Secretary - Joseph P. O'Neill, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523  
Treasurer - Joseph P. O'Neill, 3478 Buskirk Ave., Suite 260, Pleasant Hill, CA 94523

pg 3 of 3



ACCOUNT NO. : 072100000032  
REFERENCE : 642996 4388594  
AUTHORIZATION :  
COST LIMIT : \$ 900.00

*Patricia Pizito*

ORDER DATE : March 29, 2000  
ORDER TIME : 2:37 PM  
ORDER NO. : 642996-015  
CUSTOMER NO: 4388594  
CUSTOMER: Mr. Lawrence E. Kraus  
KISCO MANAGEMENT CORP.  
KISCO MANAGEMENT CORP.  
111 Radio Circle  
Mount Kisco, NY 10549

DOMESTIC FILING

NAME: COLOR SPOT CHRISTMAS TREES,  
INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

00 APR 10 PM 3:58

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