

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -9 PM 7:14

DOCUMENT # **F99000006054**

1. Corporation Name  
**COLO.COM, INC.**

Principal Place of Business 2000 SIERRA POINT PARKWAY BRISBANE CA 94005	Mailing Address 2000 SIERRA POINT PARKWAY BRISBANE CA 94005
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REINSTATEMENT *00*

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 <b>11/22/1999</b>	
Suite, Apt. #, etc. <b>601</b>		Suite, Apt. #, etc. <b>601</b>		5. FEI Number <b>94-3272783</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 3	City / State / Zip 4
CD	SKIBO, CHARLES	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005
AS	LAMB, ROBERT	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005
TD	ST. ONGE, DENISE	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005
D	HA, PERRY	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005
D	JARVE, JOHN	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005
D	PATTERSON, ARTHUR	2000 SIERRA POINT PARKWAY	BRISBANE CA 94005 <i>8/16/29</i>

8. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2101</b> Suite, Apt. #, Etc. <b>400003481144-4</b> City <b>11/30/00 - 01040-024</b> <b>****758. FL ****758.75</b>	
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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 *Deborah D. Skipper* **Deborah D. Skipper** as its agent Date **11-7-00**  
 REGISTERED AGENT MUST SIGN

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)(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 H. Stanley* **David H. Stanley** Date **10/25/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **650-292-0892**

CR2E040 (8/00)