


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P12314**

1. Corporation Name
COLLAT, INC.

Principal Place of Business Mailing Address

1900 CRESTWOOD BOULEVARD.
 BIRMINGHAM AL 35210

1900 CRESTWOOD BOULEVARD.
 ATTN: LICENSING
 BIRMINGHAM AL 35210
 US

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

FILED
 01 NOV -2 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11/26/1986**

5. FEI Number Applied For

63-0925198 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	City / State / Zip
V/D	RATLUFF, W.T., JR.	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
V/D	RATLUFF, J.K.V.	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
S	HOWE, HOPE	1900 CRESTWOOD BOULEVARD.	BIRMINGHAM AL 35210
V	COUCH, ROBERT M	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
P/D	RATLUFF, WM. T., III	1900 CRESTWOOD BLVD.	BIRMINGHAM AL

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

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: *Dale W. Morris* **DALE W. MORRIS** ASSISTANT VICE PRESIDENT Date: *10/30/01*

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)(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: *Dale W. Morris* **DALE W. MORRIS** Date: *10/23/01* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREBAG (801)