

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000104431**

1. Corporation Name

COLLINS POINTE HOLDINGS, INC.

Principal Place of Business

Mailing Address

C/O PAVIA & HARCOURT
600 MADISON AVENUE
NEW YORK NY 10022

C/O PAVIA & HARCOURT
600 MADISON AVENUE
NEW YORK NY 10022

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

12/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2143984

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	GAZZOLA, MARIO	600 MADISON AVENUE 12TH FLOOR	NEW YORK NY 10022

400024180084
10/27/03--01126--003 **1.50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of Registered Agent Mario Gazzola Date 10-21-2003
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: Mario Gazzola, President Date 10/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

COLLINS POINTE HOLDINGS, INC.

600 Madison Avenue
12th Floor
New York, New York 10022

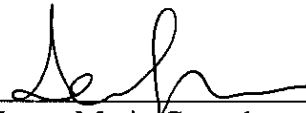
October 20, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised that we did not receive the Corporation's UBR by mail nor any notifications that the UBR was delinquent from the Department of State. Therefore, we request that the reinstatement fee of \$600.00 be waived. Enclosed please find a check in the amount of \$150.00, payable to the Secretary of State of Florida and the completed and executed UBR.

Very truly yours,



Name: Mario Gazzola
Title: President