

AUDIT NO. B97000001394

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

1. Name and Mailing Address of Corporation: **DOCUMENT # 284744**
10101 COLLINS CORP.
10101 Collins Avenue
Bal Harbour, FL 33154-1608

2. Filing Office: **SECRETARY OF STATE**
JAN 24 11:49 AM '97
FILED

3. Filing Office Address: **195-97**
1-24-97
SCC

4. Date Incorporated or Created to Do Business in Florida: **09/01/64**

5. FE Number: **59-1056423**

6. FE Number Applied For: **CERTIFICATE OF STATUS CORP**

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must file at least 3 directors)

| 1 | 2 | 3 | 4 |
|-------|-----------------------------------|---|---------------------|
| Typed | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (DO NOT Use Post Office Box Numbers) | City / State / Zip |
| DVS | Brandt, Robert | One West Elm Street | Greenwich, CT 06830 |
| DV | Bowser, Van | 16 Grand View Terrace | Vanally, NY 07670 |
| DP | Brandt, Gary | One West Elm Street | Greenwich, CT 06830 |

REINSTATEMENT 195-97
SCC
1-24-97

8. Name and Address of Current Registered Agent

Traynor, Rodger, Esq.
175 N.W. First Ave., 11th Floor
Miami, FL 33128

9. Name and Address of Current Registered Agent (if different from 8)

Traynor, A. Rodger, Esq.
c/o Fowler, White, et al.
100 N.E. 2nd Street, 17th Floor
Miami, FL 33131

10. (Only Appointed) Signature of the registered agent of the above named corporation, on behalf of and accept the obligations of Section 607.006, F.S.

Signature of Registered Agent: *[Signature]* Date: **1/22/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the register or trustee empowered to execute this application as provided for in chapter 607 of 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 607.001 or 607.002, F.S., and that all fees owed to the corporation have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: *[Signature]* Date: **1-22-97** Daytime Phone: **203 661 8300**

GABY BRANDT

POOR ORIGINAL

SECRETARY OF STATE

#284744

1/24/97

9:24 AM

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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FROM: FOWLER, WHITE, BURNETT, ET AL ACCT#: 071250001512
CONTACT: JUDITH D RODMAN FAX #: (305)789-9201
PHONE: (305)789-9200

NAME: 10101 COLLINS CORP.
AUDIT NUMBER.....H97000001394
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