

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

04 JAN 30 AM 11:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H40759**

1. Corporation Name

JOHN C. COLLINS - INTERIORS, INC.

Principal Place of Business

Mailing Address

JOHN C. COLLINS INTS. INC.
2715 DATURA STREET
SARASOTA FL 34239
US

JOHN C. COLLINS INTS. INC.
2715 DATURA STREET
SARASOTA FL 34239
US

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

2. New Principal Office Address, If Applicable
5687 COUNTRY LAKES DR.

3. New Mailing Office Address, If Applicable
5687 COUNTRY LAKES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

Zip **34243** Country **USA**

Zip **34243** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1985

5. FEI Number

59-2487802

Applied For

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COLLINS, JOHN C.	2715 DATURA STREET	SARASOTA FL
PD	COLLINS, JOHN C.	5687 COUNTRY LAKES DR.	SARASOTA, FL 34243
			500027911485 01/30/04--01006--017 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, JOHN C.
2715 DATURA STREET
SARASOTA FL 34239

Name
COLLINS, JOHN C.

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

5687 COUNTRY LAKES DR

Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34243

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

REGISTERED AGENT MUST SIGN

Date

1/21/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

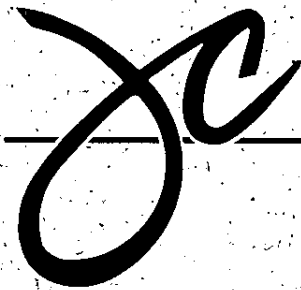
JOHN C. COLLINS

Date

Daytime Phone #

1/21/04 941-355-9399

CR2E040 (7/03)



**JOHN C. COLLINS
INTERIORS, INC.**

RESIDENTIAL & COMMERCIAL DESIGN

LIC. #1B0000611

January 21, 2004

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

It is requested that the reinstatement fee be waived since my corporation did not receive the two prior uniform business report (UBR) notices. This apparently happened as a result of my home and office being relocated in October of 2003. My check number 6473 in the amount of \$308.75 for the filing fee is enclosed as instructed by your representative "Eula" number 8502456059.

Thank you.

John C. Collins
John C. Collins Interiors, Inc.