PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

D	O	С	U	М	E	Ν

J13056

1. Corporation Name

WEEZZIE COLLINS REALTY, INC.

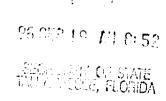
Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1249 EDGEWOOD AVE. W. JACKSONVILLE FL 32208 U\$

1249 EDGEWOOD AVE. W. JACKSONVILLE FL 32208





If above as	ddraeeae ara incorract in any way. Iina	through incorrect in	nformation and enter	correction below					
New Principal Office Address, If Applicable			ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/05/1986			
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe	Andied For		r	
City & State		City & State	City & State		1	59-2678585	Not Applica		
Zip	Country	Zip	Count	ry	6. CERTIFICAT		75 Additional Fee requier a Certificate of Stat		
7. Names a	and Street Addresses of Each Officer	and/or Director (Fto	orida nonprofit corpor	ations must list at le	east 3 directors)				
Title(s) Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box)r	ers) 4 City / State / Zip				
PDŞ	PDŞ COLLINS, ELOUISE M		619 APPIAN WAY		JACKSONVILLE FL			;	
•				<u> </u>		300001 -10/03/960	90634663 0016-017 ****375.00	3	

				REINSTATEMENT			A alan	•	
							9-19-96	<u>, </u>	
			:				. (
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent					
COLLI	INS, ELOUISE M		Name						
619 APPIAN WAY				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32208				Suite, Apt. #, Et	c.				
	_			City		Stat			
10. I, being	appointed the registered agent of the	above named co	ocation, am amiliar	th and accept the	obligations of Sec		-		
Signature o Registered		REGISTERED A	GENT MUST SIGN	lesso		Date 9/16/8	76		
(11. Do	pes this corporation pa ept. of Revenue under	y any intan S. 199.032	gible tax to t , Florida Sta	he tutes. Yes	No [ide for information angible tax.)		
this rein	that I am an officer or director or the istatement application, the reason for y the corporation have been paid and application is true and accurate, and r	dissolution has bee the names of indivi	n eliminated, the corpiduals listed on this fo	porate name satisfic orm do not quality fo	es the requirement or an exemption u	ts of section 607.0401 or 617.	0401, F.S., that al⊨fee:	S	

Elouise M. Collins

NH 4978

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9/16/96 904764896