

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K78431**

1. Corporation Name

COLLIER COMMERCIAL BUILDERS, INC.

Principal Place of Business

Mailing Address

2900 14TH STREET, NORTH
NAPLES FL 33940

2900 14TH STREET, NORTH
NAPLES FL 33940

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2900 14TH ST NORTH
Suite 9
NAPLES FL
34103

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1989

5. FEI Number

65-0120451

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PV	KING, THOMAS E.	1107 LAKESHORE DRIVE	NAPLES FL
ST	KING, THOMAS E	1107 LAKESHORE DRIVE	NAPLES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, J. BLAN
3174 E TAMiami TRAIL
NAPLES FL 33962 34112

Name

J. BLAN TAYLOR

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

2272 AIRPORT RD. E., STE 101

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

REGISTERED AGENT MUST SIGN

Date 5/18/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Thomas E. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-99
Date

941-262-2449
Daytime Phone #

CR2E040 (9/98)