

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 29 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000996

Name and Mailing Address

0010326 01 FP 0.352 **PRST H7 0 0615 33916-412136
MC COLLUM & MC COLLUM, L.L.C.
3136 BLOUNT STREET
FT. MYERS FL 33916-4121



2. New Mailing Address

City, State, Zip

Principal Place of Business

3136 BLOUNT STREET
FT. MYERS FL 33916

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/27/2000

6. FEI Number

65-0976128

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

MC COLLUM, MALCOLM L
3136 BLOUNT STREET
FT. MYERS FL 33916

9. Name and Address of New Registered Agent

Name *Malcolm McCollum*

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

3136 Blount St

000009748650
12/31/02--01005--006 **150.00

City *FT MYERS*

FL

Zip Code

33916

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

see below

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
<i>MGR</i>	MCCOLLUM, MALCOLM	3136 BLOUNT STREET	<i>000009748650</i> 01/28/03--01065--001 **50.00
<i>MGR</i>	MCCOLLUM, CAROLINE	3136 BLOUNT STREET	FT. MYERS FL 33916
<i>member</i>			FT. MYERS FL 33916
			01/28/03--01065--001 **50.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Malcolm McCollum

Date

12/26/02

Daytime Phone #

239-337-3184

Malcolm McCollum

CR2E084 (8/02)