

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000014281

1. Limited Liability Company's Name
COLLINS PROPERTIES LLC

2. Principal Office Address - No P.O. Box #
5217 Maryland Way

Suite, Apt. #, etc.

City & State
Brentwood, TN

Zip Country
37027 USA

3. Mailing Office Address
PO Box 150262

Suite, Apt. #, etc.

City & State
Nashville, TN

Zip Country
37215 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida
02/12/2004

6. FEI Number
57-1199745

☒ 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

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Kathryn A. Widdoes Kathryn A. Widdoes Assistant Secretary

Date 06/05/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip |
|--------|---|--|---------------------|
| MGR | Ben H Willingham III | PO Box 150262 | Nashville, TN 37215 |
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11. E-mail Address: ksw@amcorp-realty.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Ben H Willingham III Date 06/05/2024 Daytime Phone # 615.297.1950

Typed or printed name of signing Authorized Representative/Manager Ben H Willingham III

604000014281

CT CORP

(850) 656-4724

3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/17/2024

Acc#120160000072

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|-------------|-------------------------|
| Name: | Collins Properties, LLC |
| Document #: | |
| Order #: | 15617713 |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 516.25

Thank you!

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Tallahassee, Florida