

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT ANNUAL Report**  
**DOCUMENT # L34768**

1. Corporation Name  
**PUBLIC PRIVATE PARTNERSHIP, INC.**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED AND FILED**

**1996 SEP 17 AM 10:26**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **528 EAST PARK AVENUE TALLAHASSEE FL 32301**

Mailing Address: **528 EAST PARK AVENUE TALLAHASSEE FL 32301**



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	4. Date Incorporated or Qualified To Do Business in Florida <b>12/08/1989</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-2979656</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PS	COLLINS, ARTHUR R	<del>4006 HIGH GROVE ROAD</del> 501 Blairstone Road, #3021	TALLAHASSEE FL <del>70000 195-0097</del> -09/18/96 --01030 --001 ****208.75 ****208.75
			Reinst. Fee Waived (See Attachment) SCC 9-17-96

8. Name and Address of Current Registered Agent

**COLLINS, ARTHUR R**  
~~4006 HIGH GROVE ROAD~~ 501 Blairstone Road, #3021  
 TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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: *Arthur R. Collins* REGISTERED AGENT MUST SIGN Date: **9/16/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Arthur R. Collins* **Arthur R. Collins** 9/16/96 904/561-0762  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)

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# L34 ~~7108~~ 8



Government & Corporate Affairs

ART COLLINS  
President

September 17, 1996

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

TO WHOM IT MAY CONCERN:

Please find enclosed our completed application for reinstatement. Because we do not have any record of receiving a first or second notice for filing our annual report, we would like to request that you waive the reinstatement fee of \$175.

We appreciate your consideration of this request. If you have any questions, do not hesitate to contact my staff assistant, Jevelle Robinson, or me at 904/561-0762.

Sincerely,

Arthur R. Collins