

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JUN 28 AM 11:38

**DOCUMENT #**

1. Corporation Name Ed and Beverly Collins, Inc  
L 464 22

400182677954  
06/28/10--01041--003 \*\*300.00

**2. Principal Office Address - No P.O. Box #**

310 Romanza Place

Suite, Apt. #, etc.

Panama City Beach

City & State

Florida

Zip

32413

Country

Bay

**3. Mailing Office Address**

312 Romanza Place

Suite, Apt. #, etc.

Panama City Beach

City & State

Florida

Zip

32413

Country

Bay

**REINSTATEMENT** 09-10

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Jan. 25 1990

**5. FEI Number**

59-3069859

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Beverly Collins

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

312 Romanza Place

Suite, Apt. #, Etc.

Panama City Beach

City

Florida 32413

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

6/30/20

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Beverly Collins

REGISTERED AGENT MUST SIGN

Date June 20, 2010

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>Beverly Collins</u>	<u>312 Romanza Place</u>	<u>Panama City Beach FL 32413</u>

**10. 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 contained in Chapter 119, 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:**

Beverly Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20 2010 770 898 3582

Date

Daytime Phone #