

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -4 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000945

1. Corporation Name

Roger C. Collins Evangelistic
Association, Inc.

400004911904--9
-02/12/02--01060--020
****358.75 ****358.75

2. Principal Office Address

2607 E. Cypress Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4141

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

N.Ft. Myers, Florida

Zip

33905

Country

USA

Zip

33918

Country

USA

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

2-17-1997

5. FEI Number

59-3347115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Kelly J. Cook

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

2607 E. Cypress Avenue

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

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**

Kelly J. Cook

REGISTERED AGENT MUST SIGN

Date

1-31-02

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 |
|--------|--------------------------------------|---|-----------------------|
| D | Collins, Roger C. | P.O. Box 4141 | N.Ft. Myers, FL 33918 |
| D | Collins, Clyde | 3035 Highway 337 South | Corydon, IN 47112 |
| D | Mann, Vernon | 4905 N. Maryvale | Tucson, AZ 85705 |
| | | | |
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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 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:

Roger C. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 941-693-8435

Date

Daytime Phone #

CR2E081 (9/01)