

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000026951

1. Corporation Name

ASSOCIATED COMMERCIAL COLLECTIONS INCORPORATED

Principal Place of Business

71 S DIXIE HWY STE 2
ST AUGUSTINE FL 32095

Mailing Address

71 S DIXIE HWY STE 2
ST AUGUSTINE FL 32095

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2000

5. FEI Number

59-3636604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REINHALTER, MARGARET M	P O BOX 063	VERO BEACH FL 32961

8. Name and Address of Current Registered Agent

OBERNIER, MARC T
325 39 COURT SW
VERO BEACH FL 32960

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

REGISTERED AGENT MUST SIGN

Date 10-19-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT-17-2001

Date

Daytime Phone #

CR2E040 (8/01)



ASSOCIATED COMMERCIAL COLLECTIONS, INC.

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Florida Dept. of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

October 17, 2001

This letter is to inform the Division of Corporations that Associated Commercial Collections Inc. 71 South Dixie Hwy. Suite #2, St. Augustine, FL 32084 did not receive the first filing notice for the year 2001.

A completed UBR along with the filing fee of \$150.00 was sent on September 2nd, 2001.

A second completed UBR is enclosed with the filing fee of \$150.00 as requested by your representative Michelle, in a phone conversation on October 17, 2001. We assume the first filing was lost as the check has not been cashed and therefore request the reinstatement penalties be waived.

Sincerely,

A handwritten signature in cursive script, reading 'Margaret M. Reinhalter'.

Margaret M. Reinhalter
President

71 SOUTH DIXIE HIGHWAY SUITE #2 • ST. AUGUSTINE, FL 32084

PHONE: (904) 824-8083 • FAX: (904) 824-0912 • TOLL FREE: (888) 713-5447

EMAIL: accincorporated@aol.com