

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -6 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000030487

1. Corporation Name

**THE BUYING CLUB, INC.**

2. Principal Office Address

**6702-C PLANTATION ROAD**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

Zip

**32504**

Country

**USA**

3. Mailing Office Address

**P.O. BOX 380605**

Suite, Apt. #, etc.

City & State

**BIRMINGHAM, AL**

Zip

**35238**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/26/01**

5. FEI Number

**59-3711699**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

4-4-03-01049-023<sup>150</sup>

200015317792

500015317765

01/04/03--01049--022 \*\*750.00

H-11-02 90004 27150.00

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

Name

**GARY HUSTON**

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

**125 WEST ROMANA STREET**

Suite, Apt. #, Etc.

**SUITE 800**

City

**PENSACOLA,**

State  
**FL**

Zip Code  
**32501**

**REINSTATEMENT**

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

*Gary W. Huston*

Date **March 26, 2003**

REGISTERED AGENT MUST SIGN

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
PRES./ SEC.	CRAIG G. KOLLARS	2521 RIVER TRACE CIRCLE	VESTAVIA HILLS, AL 35243
S'HLDR	BERT KOLLARS	33789 SOUTHRIDGE ROAD	SIOUX CITY, IA 51108
S'HLDR	JAMES BAILEY	1000 13TH STREET EAST	TUSCALOOSA, AL 35404
S'HLDR	MARV CONWAY	3803 CALDER AVENUE	BEAUMONT, TX 77706
S'HLDR	ART MONROE	113 LAPALCO BLVD. # 207	GRETN, LA 70056

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:

*Craig G. Kollars Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/17/03**

Daytime Phone #

CR2E081 (10/02)