PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 19 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900104887179
06/26/07--01047--015 **458.75

DOCUMENT # P03000107339

1. Corporation Name

COLLIER 2WAY INC

W07-25987

REINSTATEMENT CR2E061 (1/07) 04-07 04-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3900 MANNIX DRIVE	3900 MANNIX DRIVE
Suite, Apt. #, etc. SUITE #107	Suite, Apt. #, etc. SUITE #107
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34114 Country USA	Zip 34114 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 26-0170820 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CHARLES SULLIVAN

Street Address (P.O. Box Number is Not Acceptable): 3900 MANNIX DRIVE

Suite, Apt. #, Etc.: SUITE #107

City: NAPLES, State: FL Zip Code: 34114

☐ 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.

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: [signature] Date: 05/15/2007

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
P	SANDRA SULLIVAN	3900 MANNIX DRIVE SUITE #107	NAPLES, FLORIDA 34114
SEC	CHARLES SULLIVAN	3900 MANNIX DRIVE SUITE #107	NAPLES, FLORIDA 34114
		900110293858D 05/21/07--01023--017 **750.00	

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 exception 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: [signature] 5-15-2007 239 354 8725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/19 cw