

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 23 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000006279

1. Corporation Name

Martin Perry Collins INC.

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

690 Anderson St

Suite, Apt. #, etc.

3. Mailing Office Address

690 Anderson St

Suite, Apt. #, etc.

City & State

clermont FL

Zip

34711

Country

us

City & State

clermont, FL

Zip

34711

Country

us

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/03

5. FEI Number

113710096

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

Collins Martin P

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

690 Anderson St

Suite, Apt. #, Etc.

City

clermont FL

State

FL

Zip Code

34711

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

Martin P Collins

REGISTERED AGENT MUST SIGN

Date 10/20/09

☒ 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.

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>Off</u>	<u>Martin Perry Collins</u>	<u>690 Anderson St</u>	<u>clermont, FL 34711</u>
<u>Sec</u>	<u>Morgan Ross Bell</u>	<u>690 Anderson St</u>	<u>clermont, FL 34711</u>

REINSTATEMENT 08-09

2010/26

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:

Martin P Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin P Collins

Date

10/20/09

Daytime Phone #

352-348-7145