


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000146825 1. Entity Name COLLMAN PROPERTIES INC.	
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FILED

07 OCT -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1258 CEDAR CENTER DR. TALLAHASSEE, FL 32301	Mailing Address 1258 CEDAR CENTER DR. TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 1114 B Thomasville Rd Suite, Apt. #, etc.	3. Mailing Address 1114 B Thomasville Rd Suite, Apt. #, etc.
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10052007 REIN-P CR2E098 (1/07)

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 71-1016671	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country	Zip 32303	Country

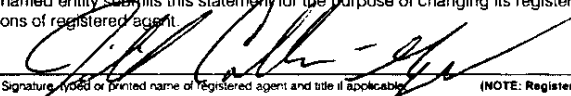
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLMAN, JILL C 915 PARKVIEW DR TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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REINSTATEMENT 2007

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

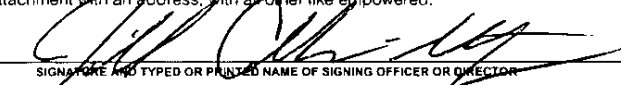
SIGNATURE:  DATE: **10/5/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAN, JILL C	NAME	1114 B Thomasville Rd
STREET ADDRESS	1258 CEDAR CENTER DR.	STREET ADDRESS	Tallahassee, FL 32303
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	1114 B Thomasville Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAN, JILL C	NAME	Tallahassee, FL 32303
STREET ADDRESS	1258 CEDAR CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	1114 B Thomasville Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAN, JILL C	NAME	Tallahassee, FL 32303
STREET ADDRESS	1258 CEDAR CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	1114 B Thomasville Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAN, JILL C	NAME	Tallahassee, FL 32303
STREET ADDRESS	1258 CEDAR CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **10/5/07** (850) **933-2235**

(Date) (Daytime Phone #)