
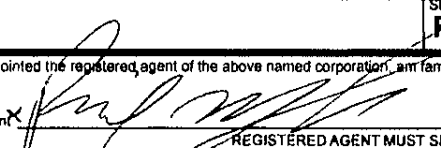
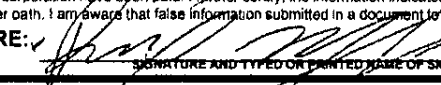


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P09000074260					
1. Corporation Name 601R COLLINS, INC.					
2. Principal Office Address - No P.O. Box # 601 COLLINS AVE			3. Mailing Office Address 2340 SW 102ND DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Beach, FL			City & State DAVIE FL		
Zip 33139			Zip 33324		
Country US			Country US		
4. Date Incorporated or Qualified To Do Business in Florida 9/11/09					
5. FEI Number					
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 RONNIE MENASHE					
Street Address (P.O. Box Number is Not Acceptable) 2340 SW 102ND AVE					
Suite, Apt. #, etc.					
City DAVIE					
State FL					
Zip Code 33324					
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  Date 12/27/2012					
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	RONNIE MENASHE	2340 SW 102ND AVE		DAVIE FL 33324	
ST	SHARON MENASHE	2340 SW 102ND AVE		DAVIE FL 33324	
10. E-mail Address: SOUTHBM@GMAIL.COM (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.156, F.S.					
SIGNATURE:  Date 12/27/12					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 2012

CR2E081 (11/10)

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12/28/12--01002--005 **750.00

DEC 28 2012
T. CAULEY