


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P12314

1. Corporation Name

COLLAT, INC.

Principal Place of Business

Mailing Address

1900 CRESTWOOD BOULEVARD.
BIRMINGHAM AL 35210

1900 CRESTWOOD BOULEVARD.
ATTN: LICENSING
BIRMINGHAM AL 35210
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1986

5. FEI Number

63-0925198

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V/D	RATLIFF, W.T., JR.	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
V/D	RATLIFF, J.K.V.	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
S	HOWE, HOPE	1900 CRESTWOOD BOULEVARD.	BIRMINGHAM AL 35210
V	COUCH, ROBERT M	1900 CRESTWOOD BLVD.	BIRMINGHAM AL
P/D	RATLIFF, WM. T., III	1900 CRESTWOOD BLVD.	BIRMINGHAM AL

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

10/30/01

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01