

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 6:30

DOCUMENT # P16754

1: Corporation Name

MILLICENT COLLINS & CO.

Principal Place of Business

704 KIWI CIRCLE  
WINTER PARK FL 32789  
US

Mailing Address

704 KIWI CIRCLE  
WINTER PARK FL 32789  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3472214

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
STP	COLLINS, MILLICENT	704 KIWI CIRCLE	WINTER PARK FL
D	COLLINS, MILLICENT	704 KIWI CIRCLE	WINTER PARK FL

400004655464 4  
-10/26/01--01071--028  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name MILLICENT COLLINS

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

704 KIWI CIRCLE

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Millicent Collins

REGISTERED AGENT MUST SIGN

Date

10/11/01

AD

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:

Millicent Collins  
PRESIDENT

Date

Daytime Phone #

(407)  
10/11/01 539-2517

CR2040 (8/01)