

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

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



REINSTATEMENT 01

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 |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 11/10/1987  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 36-3472214  |  |
|  |  |  |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|  |  |  |  | \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| 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* Date 10/11/01 **AD**  
 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: *Millicent Collins* **MILLICENT COLLINS** (407)  
**PRESIDENT** Date 10/11/01 Daytime Phone # 539-2517  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E940 (8/01)