

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 13 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Haupt & Collins, Inc.

800005868698--3

-06/19/02--01077--014

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

17105 San Carlos Blvd

3. Mailing Office Address

43A Old Danielson Pike

Suite, Apt. #, etc.

B-9

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Foster, RI

Zip

33931

Country

USA

Zip

02825

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/92

5. FEI Number

050305805

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

Keith M. Haupt

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

17105 San Carlos Blvd

Suite, Apt. #, Etc.

B-9

City

Ft. Myers

201-25-AR

10.00-ARARTS

88.75-ARSUPP

State

FL

Zip Code

33931

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

*[Signature]*

Date

6/7/02

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
PT	Keith Haupt	17105 San Carlos Blvd, B9	Ft. Myers, FL 33931
VS	Kelli Reedy	17105 San Carlos Blvd, B9	Ft. Myers, FL 33931

10. 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:

Kelli S. Reedy, Kelli S. Reedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/02

Date

239-274-8400

Daytime Phone #