

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003490**

1. Corporation Name

COLLECTOL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8115 NW 75TH AVE
TAMARAC FL 33321
US

P.O. BOX 770155
CORAL SPRINGS FL 33077-0155
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

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1992

5. FEI Number

65-0360000

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	FAIRBANKS, BERTA I	8115 NW 75 AVE	TAMARAC FL
DVP	FAIRBANKS, SCOTT	8115 NW 75TH AVE	TAMARAC FL
			500002011935--5
			-11/22/96--01011--019
			****375.00 ****375.00
			<i>JB11-20-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAIRBANKS, BERTA I
8115 NW 75 AVE
TAMARAC FL 33321

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Berta Fairbanks **REQUIRED**
REGISTERED AGENT MUST SIGN

Date *11/14/96*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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:

Berta Fairbanks **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96
Date

(954) 721-8802
Daytime Phone #