PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000046322 DOCUMENT #

1. Corporation Name

COLLINS, SHIPMAN & LUCAS, P.A.

Principal Place of Business

Mailing Address

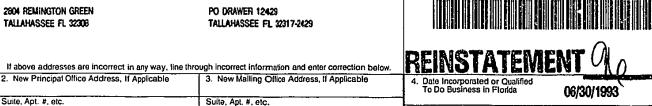
Suite, Apt. #, etc.

TALLAHASSEE FL 32308

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



						5. FEI Number	E0.0400000	1	Applied For
City & State City & Sta			City & State				59-3186809 		Not Applicable
Zip	Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required to a Certificate of Status			
7. Names	and Street Add	dresses of Each Officer	and/or Director (Flo	rida nonprofit co	orporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
DP	COLLINS, RICHARD B			2804 REMINGTON GREEN			TALLAHASSEE FL		
DS	SHIPMAN, GARY A			2804 REMINGTON GREEN			TALLAHASSEE FL		
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	8. Nam	e and Address of Curi	rent Registered Ago	ant		9. Name and Address of New Registered Agent			
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SHIPMAN, GARY A 2804 REMINGTON GREEN TALLAHASSEE FL 32308

32308

10. I, being appointed EQUIRED

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12-9-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

5. FEI Number

(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 ewed 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 eath.

SIGNATURE: