

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 DEC 10 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046322

1. Corporation Name

COLLINS, SHIPMAN & LUCAS, P.A.

Principal Place of Business

2804 REMINGTON GREEN
TALLAHASSEE FL 32308

Mailing Address

PO DRAWER 12429
TALLAHASSEE FL 32317-2429



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1993

5. FEI Number

59-3166809

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	COLLINS, RICHARD B	2804 REMINGTON GREEN	TALLAHASSEE FL
DS	SHIPMAN, GARY A	2804 REMINGTON GREEN	TALLAHASSEE FL
DC	LUCAS, BRETT G	2804 REMINGTON GREEN	TALLAHASSEE FL

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-12/12/96-01109-008

***375.00 ***375.00

JB12-11-96

8. Name and Address of Current Registered Agent

SHIPMAN, GARY A
2804 REMINGTON GREEN
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

Richard B. Collins

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

2804 Remington Green

Suite, Apt. #, Etc.

Suite 4

City

Tallahassee

State

FL

Zip Code

32308

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

Richard B. Collins

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. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Collins - Pres.

12-9-96

Date

904-386-6060

Daytime Phone #