

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P94000051879

1. Corporation Name

BILL COLLINS CONSTRUCTION, INC.

Principal Place of Business

4017 W PEARL AVE
TAMPA FL 33611

Mailing Address

4017 W PEARL AVE
TAMPA FL 33611

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

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1994

5. FEI Number

59-3255932

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 |
|---------------|--|--|-------------------------|
| D | COLLINS, WILLIAM A | 4017 W PEARL AVE | TAMPA FL 33611 |
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800002730148--2
-01/05/99--01036--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, WILLIAM A
4017 W PEARL AVE
TAMPA FL 33611

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

William A. Collins
NATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/22/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(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:

William A. Collins
NATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2ED40 (9/95)

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Bill Collins Construction, Inc.
4017 Pearl Ave. • Tampa, Florida 33611
(813) 837-1943 • Pager 201-0023

December 17, 1998

To Whom it may concern,
I am writing concerning my Corporation renewal. I did not receive a notice to renew. If you will check my records you will find I have always paid this fee on time. I have now receive a letter telling me that I am no longer a Corporation.

I just spoken with your office and was told to enclose a check for the amount of \$150.00 to reinstate me as a Corporation.

Re: Document # P94000051879, My FIN #59-3255932

Thank you for your consideration.

Yours Truly,

Bill Collins, President

