

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 9:06

DOCUMENT # P94000085826

1. Corporation Name

COLLIER GROUP, INC.

REINSTATEMENT 03-04

2. Principal Office Address

8154 LOWBANK DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

USA

3. Mailing Office Address

8154 LOWBANK DR

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34109

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1994

5. FEI Number

650548180

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

THOMAS KRAUS

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

8154 LOWBANK DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

600030383996

03/12/04--01050--028 **301.00

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

Thomas Kraus

Date

3/4/2004

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
<u>P</u>	<u>THOMAS KRAUS</u>	<u>8154 LOWBANK DR</u>	<u>NAPLES, FL 34109</u>

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:

Thomas Kraus

Date

3/4/2004

Daytime Phone #

(239)

877-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State
Division of Corporations
Reinstatement Division
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement
Collier Group, Inc.

Attn: Bula Peterson
Personal and Confidential

Dear Ms. Peterson

The purpose of this letter is to request a waiver of the reinstatement fee normally imposed. Your records show that Collier Group, Inc. has a mailing address of 25070 Pinewater Cove Lane, Bonita Springs, FL 34135. Collier Group, Inc. moved from that address in August of 2001 and no report forms were ever forwarded.

The correct mailing address is:

8154 Lowbank Drive
Naples, FL 34109

Daytime phone: (239) 877-1870

Attached to this letter is a check in the amount of \$300.00

Thank you for your help and consideration in this matter.

Sincerely,


Thomas Kraus, President