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
98 AUG 27 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090748

1. Corporation Name
COLLIN ARBORS, INC.

Principal Place of Business / Mailing Address
12534 Wiles Road
Coral Springs, FL 33076

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

2. New Principal Office Address, If Applicable
12534 Wiles Road
Suite, Apt. #, etc.
City & State: Coral Springs, FL
Zip: 33076 Country: US

3. New Mailing Office Address, If Applicable
12534 Wiles Road
Suite, Apt. #, etc.
City & State: Coral Springs, FL
Zip: 33076 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1994

5. FEI Number: 65-0556987 — 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)

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
D	Perry, Craig	735 N.W. 101 Terrace	Plantation, FL 33324
O	Perry, Debra	735 N.W. 101 Terrace	Plantation, FL 33324

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8. Name and Address of Current Registered Agent
CO-STR Corporate Agents, Inc.
2601 S. Bayshore Dr, 19th Floor
Miami, FL 33133

9. Name and Address of New Registered Agent
Name: Craig Perry
Street Address (P.O. Box Number is Not Acceptable): 12534 Wiles Road
Suite, Apt. #, Etc.
City: Coral Springs State: FL Zip Code: 33076

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: _____ REGISTERED AGENT MUST SIGN Date: 8/21/98

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/21/98 Daytime Phone #: (954) 344-8040

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