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FILED

07 JUN 22 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

614107

5. FEI Number

Applied For

65-076-7141

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

Lenard Bernard Collins Sr.

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

57 Lakeview Reserve Blvd.

Suite, Apt. #, Etc.

City

Winter garden

State

FL

Zip Code

34787

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

Date 6/19/07

REGISTERED AGENT MUST SIGN

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
P	Lenard Bernard Collins Sr	57 Lakewood Reserve Blvd.	Winter Garden, FL 34787
V	Dana D. Collins	57 Lakewood Reserve Blvd.	Winter Garden, FL 34787
		<div data-bbox="673 1474 993 1495" style="text-align: center;"> REINSTATEMENT </div>	
			<div data-bbox="993 1495 1271 1516" style="text-align: center;"> 000104750510 06/22/07--01049--010 **458.75 </div>

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 contained in Chapter 119, 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 _____

Daytime Phone #