PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR TREINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State 1
DIVISION OF CORFORATIONS

DOCUMENT # **P96000096586**

1. Corporation Name

COLLINS, INC.

Principal Place of Business

14817 BALGOWAN ROAD

SUITE 102

SIGNATURE:

MIAMI LAKES FL 33016

Mailing Address

14817 BALGOWAN ROAD

SUITE 102

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIAMI LAKES FL 33016

FILED

02 MAR 25 AN 11: 36

SECRETARY OF STATE TALLAHASCEE, FLOREN



If above	addresses are	incorrect in any way, line	through incorrect i	nformation a	and enter correction below.				
New Principal Office Address, If Applicable 3. New Mail				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/27/1996			
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Number Applied For Net Applied For			
City & State City & State					Applied For				
Sky & Sill			Ony a chare	•		INOT Applicable			
Zip Country			Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED -	75 Additional Fee required	
								or a Certificate of Status -	
7. Names	and Street Add		nd/or Director (Flo	orida nonprot	fit corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	COLLINS, JOHN			14817 BALGOWAN ROAD, #102		, , , , , , , , , , , , , , , , , , ,	MIAMI LAKES FL 33016		
D	COLLINS, SEAN			14817 BALGOWAN ROAD, #102			MIAMI LAKES FL 33016		
1) -> -								
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				_			-04/16/020	1059==004	
,				L			****900.00		
				RE	INSTATEN	ENT (01-06	8	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
· · · 		***			Name			1	
COLLINS, JOHN					Change & distance //	Street Address (R.O. Day Number is No. 4			
14817 BALGOWAN ROAD					Street Address (P.O. Box Number is Not Acceptable)			- 5	
SUITE	102			<u></u>	= Suite, Apt. #, Etc				
MAMI	LAKES FL 3	3016							
					City		State FL	Zip Code	
10. I, beind	appointed the	registered agent of the a	bove named corno	ration, am fa	amiliar with and accept the o	hligations of Sect			
Signature o Registered	, (John Co	ULS.	- 1		onganons of sect	Date//5/0	٤	
44 1 . **	45-441-	<u>/</u>							
this rein	statement appl	ication, the reason for dis	solution has been	eliminated, t	the corporate name satisfies	the requirements	apter 607 or 617, F.S. I further of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01 FS that all fees	