

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 15 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000037707**

1. Corporation Name

KERRY COLLINS ENTERPRISES, INC.

Principal Place of Business

400 SOUTH POINTE DRIVE
UNIT 2004
MIAMI BEACH FL 33139

Mailing Address

400 SOUTH POINTE DRIVE
UNIT 2004
MIAMI BEACH FL 33139



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

14755 Preston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 830

City & State

City & State

Dallas, TX

Zip

Country

Zip

75240

Country

Dallas

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

65-0759845

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Kerry Collins	400 South Pointe Drive Unit 2204	Miami Beach, FL 33139
			900003071009--0 -12/15/99--01054--015 ****908.75 ****908.75
			98-09
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Kerry Collins

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

400 South Pointe Drive

Suite, Apt. #, Etc.

Unit 2204

City

Miami Beach

State

FL

Zip Code

33139

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

Kerry Collins

REGISTERED AGENT MUST SIGN

Date 11/8/99

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:

Kerry Collins KERRY COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99
Date

704-442-1552
Daytime Phone #