

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL 29 PM 12:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000016940**

1. Corporation Name
FIRST MERCHANTS COLLECTION CORPORATION

Principal Place of Business Mailing Address
2655 Le Jeune Road Suite 1108 Coral Gables, FL 33134
 Same

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		4. Date Incorporated or Qualified To Do Business in Florida 02/23/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-2082059	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S.T.	Ana Hernandez	2655 Le Jeune Road Suite 1108	Coral Gables, FL 33134

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 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Lewis J. Levey, Esq. 2655 Le Jeune Road Suite 1108 Coral Gables, FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *[Signature]* Date **7/27/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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 taxes 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]* 7/27/99 (305) 441-6660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)

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FIRST MERCHANTS COLLECTION CORPORATION

**2655 LeJeune Road
Coral Gables, Florida 33134
(305) 441-6660**

July 26, 1999

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Return for First Merchants Collection Corporation

Dear Department of State:

It is with sincere regret that I find myself writing this correspondence to request that the reinstatement fee of \$600.00 be waived for this one occasion for First Merchants Collection Corporation. I was appointed the President for First Merchants Collection Corporation with the responsibility of handling various corporate matters and keeping the corporation active. This is the only corporation I have the responsibility for and I was advised that I would receive an Annual Return sometime during each year which would need to be filled out and forwarded to your office. The company was incorporated in 1998 and unfortunately I did not receive any Annual Return for the company from the Department of State this year. As a result, I did not file the Annual Return and the company regrettably has been involuntarily dissolved. I have now learned that while your office mails many returns, not all of the returns are received by the companies. Accordingly, I have placed on my calendar the proper time for me to call your office to obtain the Annual Return next year if I do not receive it in the mail.

Because the company is a small holding company which has not generated any profits, its largest expense of the year is the \$150.00 for the annual return. Payment of an additional \$600.00 becomes an extreme burden on the company because its finances are so limited. For these reasons, it is respectfully requested that the Department of State waive the \$600.00 reinstatement fee for this one occasion. I understand that your office will not consider waiving the fee for a second time and I have diaried my calendar to avoid this problem in the future. I have enclosed the Application for Reinstatement which I received from your office as well as the annual return fee of \$150.00.

Thank you for your time and consideration of my dilemma.

Respectfully submitted


ANA HERNANDEZ

Enclosure

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