

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-01 UBR

FLORIDA DEPARTMENT OF STATE
J. M. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **98000044387**

1. Corporation Name
Collier Mortgage Capital, Inc.

2. Principal Office Address
5307 Shirley Street
Suite, Apt. #, etc.
Suite C
City & State
Naples
Zip
34109 Country
USA

3. Mailing Office Address
5307 Shirley Street
Suite, Apt. #, etc.
Suite C
City & State
Naples
Zip
34109 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **14 MAY 98**

5. FEI Number **59-3024026** Applied For ☐ 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 **James P. Redic**

Street Address (P.O. Box Number is Not Acceptable) **1535 Northgate Drive**

Suite, Apt. #, Etc.

City **Naples Florida** State **FL** Zip Code **34105**

200003912692-3
-03/27/01--01070-022
****450.00 ****450.00

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 **[Signature]** Date **12/19/00**

REGISTERED AGENT MUST SIGN

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
Pres	Jo-el M. Redic	1285 Creech Road	Naples Fl. 34103
Sec	Carol A. Redic	1535 Northgate Drive	Naples Fl. 34105
Dir	James P. Redic	1535 Northgate Drive	Naples Fl. 34105

LS

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 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]** **James P. Redic Director** Date **3/16/01** Daytime Phone # **941-649-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

Collier Mortgage Capital, Inc.
5307 Shirley Street, Suite C
Naples, FL 34109

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COLLIER MORTGAGE CAPITAL, INC.

March 15, 2001

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

To Whom It May Concern:

Correspondence for renewing Collier Mortgage Capital was mailed to an address on Fifth Avenue South in Naples. That mail was not forwarded, and was subsequently returned to your office. I did not know that the corporation was dissolved until a third party recently notified me.

Enclosed please find a check for \$ 450.00 for reinstatement. Thank you.

Sincerely,

James P. Redic

Do unto others, as you would have them do unto you.