

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000070529

1. Corporation Name

THE RE/COLLECT COMPANY

FILED

00 DEC 15 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6835 N. DAVIS HWY  
PENSACOLA FL 32504

Mailing Address

2318 MALYSA PL.  
PENSACOLA FL 32504

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1900 HALLMARK DR

PENSACOLA FL

32504

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1998

SF

5. FEI Number

59-3529206

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SOLICE, SCOTT E	D318 MALYSA PLACE	PENSACOLA FL 32504
D	SOLICE, THERESA L	D318 MALYSA PLACE	PENSACOLA FL 32504
D	MAKEPEACE, ANGELICA	3501 SILVERGATE WAY	PENSACOLA FL 32504
			200003514742--8
			-12/27/00--01075--014
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

SOLICE, SCOTT E  
2318 MALYSA PLACE  
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

12-12-2000

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Solice

12-12-2000

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