

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # **P99000041677**

1. Corporation Name

Collier Custom Shooters Inc.

2. Principal Office Address - No P.O. Box #

1911 Manchester Cir.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34109

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5.9.99

5. FEI Number

593584711

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

Joan Noble

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

1911 Manchester Cir

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joan Noble

Date **11.24.07**

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
ST	Joan Noble	1911 Manchester Cir	Naples FL 34109
PT	Joan Noble	1911 Manchester Cir	Naples FL 34109
P	Hilary Noble	1911 Manchester Cir	Naples FL 34109

100112644381
11/28/07--01016--006 **300.00

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 contained in Chapter 119, 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

Joan Noble

11.24.07 0395945607

Date

Daytime Phone #