

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000047378

1. Corporation Name

THE COACH COLLECTION, INC.

Principal Place of Business

215 HICKMAN DRIVE, SUITE 101
SANFORD FL

Mailing Address

215 HICKMAN DRIVE, SUITE 101
SANFORD FL



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

05/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576465

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Leonard A. Ventimiglia	215 Hickman dr Sanford	Pa 32771
VP	Lawrence Crismon	911 Osceola Ave,	Winter Park Fl 32789

9000003472909--6
-11/21/00--01076--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

VENTIMIGLIA, LEONARD A
215 HICKMAN DRIVE, SUITE 101
SANFORD FL 32771

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

CR2E040 (8/00)

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THE COACH COLLECTION INC



215 HICKMAN DR ♦ SANFORD, FL 32771
Phone 407-260-5800 ♦ Fax 407-862-2906

October 16, 2000

Division of Corporation
409 East Gaines St.
Tallahassee, FL 32399

Department of State

This is to inform you that I Leonard Ventimiglia sent in my renewal at a timely manner and as per my conversation with your reinstatement division I would like to request reinstatement for The Coach Collection Inc.

When speaking with your reinstatement division they informed me all penalties would be waived.

Sincerely,

A large, stylized handwritten signature of Leonard Ventimiglia in dark ink, written over a horizontal line.

Leonard Ventimiglia