

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 JUL 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **VOZ728**

1. Corporation Name
Collis, Inc.

2. Principal Office Address
7143 County Line Road

3. Mailing Office Address
PO Box 7197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Lakeland, FL

Zip Country
33567 USA

Zip Country
33807 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-3100002** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name **Dennis M. Collis**

Street Address (P.O. Box Number is Not Acceptable)
7143 County Line Road

Suite, Apt. #, Etc.

City **Plant City** State **FL** Zip Code **33567**

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 **D.M. Collis** Date **7/21/03**
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
PSTD	Dennis M. Collis	7143 County Line Road	Plant City, FL 33567
D	Dianne Y. Collis	7143 County Line Road	Plant City, FL 33567

100021791731
07/24/03 01004 004 #1215 LL

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: **D.M. Collis** **D.M. Collis** 7/21/03 407-448-8597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)