

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02728**

1. Corporation Name

COLLIS, INC.

2. Principal Office Address

7143 County Line Road

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 7197

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip
33567

Country

USA

City & State

Lake Land, FL

Zip

33807

Country

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

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07/24/03 01004 004 **1215.11

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

7/21/03

407-448-8597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)