

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **9798 AR**
 1. Corporation Name **collins studios, Inc.**

FILED
 98 AUG 14 AM 10:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
819 E. Rambling Dr. **819 E. Rambling Dr.**
West Palm Beach, FL **West Palm Beach, FL**
33414 **33414**

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 2/20/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0323683	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	Cobert, Collins	819 E. Rambling	West Palm Beach, FL 33414
	Collins, Michael	539 S. Spring	Westerville, OH 43081
	Collins, Ricki	962 Timber Dr.	Blue Ash, OH 45242
	Boyd, Mary	19403 Spring Valley Dr	Hagerstown, MD 21742
	Treasurer		

8. Name and Address of Current Registered Agent

Collins, Cobert E.
819 E. Rambling Dr.
West Palm Beach, FL
33414

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

REGISTERED AGENT MUST SIGN

600002619616--6
08/19/98--01024--001
******315.00--****315.00**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

Michael Collins

7-30-98
 Date

644-823-7150
 Daytime Phone #