

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33202**

1. Corporation Name

**PRIORITY INVESTMENTS N'
KOLLATREAL, INC.**

600004191696--0

-05/09/01--01124--012

*****900.00 *****300.00

2. Principal Office Address

4548-A WEST VILLAGE DE 19108 CANDLE PL.

Suite, Apt. #, etc.

3. Mailing Office Address

19108 CANDLE PL.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

LUTZ FL

Zip

33625

Country

Hillsborough

Zip

33549

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/91

**INCORP
5/92 SP**

5. FEI Number

59-3120955

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

ALLYN FERRIS

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

19108 CANDLE PL.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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

Allyn Ferris

Date

4/19/01

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
PRES.	ALLYN FERRIS	19108 CANDLE PL.	LUTZ FL 33549

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:

Allyn Ferris ALLYN FERRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

813-949-6329
Daytime Phone #

CR2E081 (3/00)