

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36728

1. Corporation Name

COLLIER BUSINESS CONSULTANTS, INC.

Principal Place of Business

5017 TAMiami TRAIL E
NAPLES FL 34113
US

Mailing Address

5017 TAMiami TRAIL E
NAPLES FL 34113
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99-150

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1992

5. FEI Number

65-0336021

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MATHURIN, VICTOR E.	5356 GRAND CYPRESS CIR., #201	NAPLES FL
VP	MATHURIN, TODD S.	5356 GRAND CYPRESS CIR., #201	NAPLES FL

200003248942--7
-05/11/00--01099--003
****300.00 ****300.00

8. Name and Address of Current Registered Agent

MATHURIN, VICTOR E.
5356 GRAND CYPRESS CIRCLE #201
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name

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

3335 TIMBERWOOD CIRCLE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34105

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

Victor E. Mathurin

REGISTERED AGENT MUST SIGN

Date

4/26/00

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:

Victor E. Mathurin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

KE

941-693085

CR2E040 (8/99)