

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 10 PM 3:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L 34768
 1. Corporation Name Public Private Partnership, Inc.,

Principal Place of Business Mailing Address
528 East Park Ave.
Tallahassee, Fl
32301

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 <u>12-08-89</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>592979656</u>	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Pres.	Arthur R. Collins, President	501 Blair Stone Rd Apt. # 3021	Tallahassee, Fl 32301
			200002319092--7 -10/13/97--01110--002 *****750.00 *****750.00
			REINSTATEMENT -97 SC 10-10-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Arthur R. Collins 501 Blair Stone Rd #3021 Tallahassee, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) <u>200002319092--7</u> Suite, Apt. #, Etc. <u>-10/13/97--01110--003</u> City <u>FL</u> State Zip Code <u>*****8.75</u> <u>*****8.75</u>	

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 Arthur R. Collins, Pres Date 10-01-97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Arthur R. Collins Arthur R. Collins 10-01-97 850-561-0762
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (12/96)