

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 OCT 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34768**
1. Corporation Name
PUBLIC PRIVATE PARTNERSHIP, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 215 SOUTH MONROE ST SUITE 130 TALLAHASSEE FL 32301 | 215 SOUTH MONROE ST SUITE 130 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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12/08/1989 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 50-2979656 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 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 | 4. City / State / Zip |
| P | COLLINS, ARTHUR R | 501 BLAIRSTONE ROAD, #3021 | TALLAHASSEE FL 32301 |
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****758.75 ****758.75

| | | | |
|---|--|--|-------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| COLLINS, ARTHUR R 501 BLAIRSTONE ROAD, #3021 TALLAHASSEE FL 32301 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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 REGISTERED AGENT MUST SIGN
Date: 10-26-99

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: Arthur R. Collins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10-26-99 Daytime Phone #: 850-561-0762

CR2E040 (8/89)