

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

02 JAN 24 PM 1:01

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



REINSTATEMENT

07-02

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

12/08/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2979656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PIT/S	COLLINS, ARTHUR R	501 BLAIRSTONE ROAD, #3021	TALLAHASSEE FL 32301
<del>V</del>	<del>THOMAS, JOHN C</del>	<del>9900 BEAVER RIDGE TRAIL</del>	<del>TALLAHASSEE FL</del>

700004844737--2  
-01/30/02--01053--015  
\*\*\*\*908.75 \*\*\*\*908.75

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

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

Date

1-24-02

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 850-561-0762

Date

Daytime Phone #

CR2040 (8/01)