

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
*Martine Harris*  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 JUN 13 PM 12:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **G07850**

1. Corporation Name

**COMBS & PEACE REALTY, INC**

2. Principal Office Address

**832 S. FLORIDA AVE**

3. Mailing Office Address

Suite, Apt. #, etc.

**SUITE 2**

Suite, Apt. #, etc.

City & State

**LAKELAND, FL**

City & State

Zip

Country

**33801 USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**59-223-6511**

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

**MARY A. COMBS**

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

**832 S. FLORIDA AVE**

Suite, Apt. #, Etc.

**SUITE 2**

City

**LAKELAND**

State

**FL**

Zip Code

**33801**

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

*Mary Ann Combs*

REGISTERED AGENT MUST SIGN

Date

**6/8/2001**

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.	MARY ANN COMBS	HOME: 140 WOODSIDE DR OFFICE: 832 S. FLORIDA AVE STE 2	LAKELAND, FL 33803 LAKELAND FL 33801

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)(f), 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:

*MARY ANN COMBS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/8/2001**

Daytime Phone #

**813-413-0797**

**XT302**

CR2001 (9/00)