PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P01000038231 DOCUMENT

1. Corporation Name

JAMES MCCOY, INC.

Principal Place of Business

Mailing Address

14502-N-DALE-MABRY

14502 N DALE MADRY STE-200

STE 200 -TAMPA-FL 33618

TAMPA-FL 33618

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

FILED

03 OCT 16 AM 8: 37

SEGNETÁNY OF STATE TALLAHASSEE, FLORIDA

THISTATEMENT 03

02-0567860

03/22/2001

24822 BLACK CREEK CT

5AME

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State LAND O'LAKES

City & State \mathcal{F}

\$8.75 Additional Fee required

Not Applicable

Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status DA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director BLACK CREEK C.T LAMB O' LAKES FL 34639 24822 **PSD** 3817 NORTHGREEN AVE 1805 TAMPA FL 33824 MCCOY, JAMES **000023855990** 10/16/03--01050--023 **15 **150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent

MCCOY, JAMES

3817 NORTHGREEN AVE

APARTMENT 1605

TAMPA-FL 33624

24822

Suite, Apt. #, Etc.

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City

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

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

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 filling 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:

James McCoy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

October 13, 2003

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314-6327

Attn: Reinstatement Department

Re: James McCoy, Inc.

On Friday, October 10th, I was informed by my previous landlord of having a "stack of mail" to be picked up at my convenience. The "Notice of Administrative Dissolution" for my corporation was in that stack. The information you have on file is incorrect. I thought I notified the department of my address change. I never received the 2003 annual report or 2nd notice to which I would have certainly responded.

Enclosed is a check for \$150.00 for the annual report fee for 2003 along with the reinstatement form with the correct information. I am requesting that the reinstatement fee be waived for the reason mentioned above.

Sincerely,

James McCoy, Inc. President

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