

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03-JAN-9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009936651
01/09/03--01041--001 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000044094

1. Corporation Name

Coley & Associates, Inc

2. Principal Office Address

2101 E. Palm Ave.

Suite, Apt. #, etc.

Suite 5

City & State

Tampa FL

Zip

33605

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

593722900

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

Coley, Jon P

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

2101 E. Palm Ave.

Suite, Apt. #, Etc.

Suite 5

City

Tampa

State

FL

Zip Code

33605

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/31/02

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
P	Coley, Anna	18002 Richmond Place Drive #1027	Tampa FL 33647
VP	Coley, Jon	18002 Richmond Place Drive #1027	Tampa FL 33647

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)(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: *Anna M. Coley* ANNA M. COLEY, PRESIDENT

Date

12-31-02

Daytime Phone #

813 415-7300

CR2E081 (9/01)

Coley and Associates, Inc.
2101 E. Palm Avenue, Suite 5
Tampa, FL 33605
813-258-4731

December 31, 2002

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

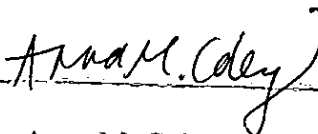
Coley and Associates, Inc., a Florida Corporation, was idle for the majority of 2002, and we failed to file a Uniform Business Report and submit our fees.

Due to the fact that we moved our office at the end of 2001, I did not receive any notices for the Division of Corporations.

Please find enclosed a Corporation Reinstatement Form and a company check for \$300 to cover our corporate fees for 2002 and 2003.

We spoke to a Division of Corporations staff member on December 30th who told us this was the procedure to follow. If we need to submit any further information, please contact me at our current address and phone number above.

Sincerely,



Anna M. Coley