


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 23 AM 11:20


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

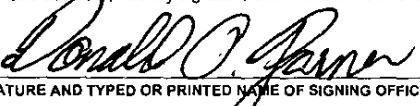
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000054670			
1. Corporation Name DON GARNER, P.A.			
2. Principal Office Address 5010 GROUPE HOLE Suite, Apt. #, etc. CT		3. Mailing Office Address PO BOX 1594 Suite, Apt. #, etc.	
City & State BOCA GRANDE, FL		City & State BOCA GRANDE, FL	
Zip 33921	Country USA	Zip 33921	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1100296	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name DONALD O GARNER		
Street Address (P.O. Box Number is Not Acceptable) 5010 GROUPE HOLE CT.		
Suite, Apt. #, Etc.		
City BOCA GRANDE	State FL	Zip Code 33921

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 	Date 10/2/03
REGISTERED AGENT MUST SIGN	

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
D	DONALD O. GARNER	PO BOX 1594	BOCA GRANDE FL 33921-1594

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: 	10/2/03 (941) 964-0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (10/02)

21 10/2/03

Don Garner, P.A.
5010 Groper Hole Ct
Boca Grande FL 33921
P01000054670

October 21, 2003

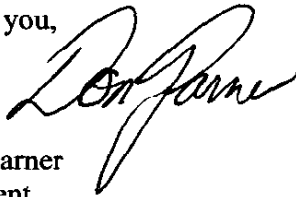
To Whom It May Concern,

Please accept the 2002 Uniform Business Report enclosed as timely filed, along with our check for \$150.00.

We never received any forms. Per your instructions, we have filled out a reinstatement form and enclosed the original filing fees totaling \$ 150.00.

Thank you,

Don Garner
President

A handwritten signature in black ink, appearing to read "Don Garner", is written over the printed name and title.