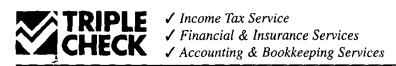
PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	PLI	ASE NEAD	ALL INSTRUC	TIONS BEFORE	COMPLET	ING FILEDOKIVI.		
	RPORATION STATEMEN	(2) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Secre	ARTMENT OF STATE tary of State corporations		NOV -5 AH 9: 49 ECHETAEY OF STATE LLAHASSEE, FLORIDA	,	
DOCUMENT # P01000079237					1	water and the relief of COUNTYA.		
1. Corporation Name								
ROSEMARY NAUGHTON THOMAS, P.A.								
						ISTATEMEN		
2. Principal Office Address 3. Mailing				Office Address		000244576 5/0301059030	**150.00	
512 FIRST STREET			512 FIRST STREET		_			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4 Data Incor	porated or Qualified		
City & State		· · · · · · · · · · · · · · · · · · ·	City & State		To Do Bus	To Do Business in Florida 08/13/2001		
NEPTUNE BEACH, FL			NEPTUNE BEACH, FL		5. FEI Number 59-37	² 38155	Applied For Not Applicable	
32266	US	*	32266 .	USA	6. CERTIFICATI		Additional Fee required Certificate of Status	
	[7. Name ar	nd Address of Current Regist	ered Agent			
	Name ROSEMARY NAUGHTON THOMAS							
	Street Address (P.O. Box Number is Not Accentable)							
	Suite, Apt. #, Etc.							
	City NEPTUNE BEACH,					State Zip Code FL 32266	[
8. I, being appointed the registered agent of the above names or polation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.								
8. I, being appointed the registered agent of the above named or polation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Myst SIGN REGISTEREN AGENT Myst SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles Name of			,	Street Address of Each		City / State / Zip		
	Offi	icers and/or Directors	Officer and/or Director		or			
DPST	THOMAS, RO	DSEMARY N.	512 FIRST STREET			NEPTUNE BEACH, FL 32266		
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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 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.								
1) YMM and page way the angle and								
SIGNATURE: HOLLING NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

November 3, 2003

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: CORPORATE REINSTATEMENT

Document #P01000079237; ROSEMARY NAUGHTON THOMAS, P.A.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept this application and payment of \$150.00, for the year 2003.

Mrs. Thomas, President of the above Corporation, did not receive her report for the referenced period. Upon our annual review of her account along with your web site, it was determined that she had not filed the Uniform Business Report for the current year. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosures: Corporate Reinstatement

Check: #1345

Copelend