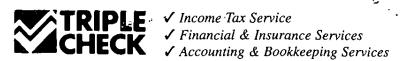
	PLEASE REA	AD ALL INS	TRUCTIONS BEFORE	COMPLET	ING THIS	БОКМ.	
•	RPORATION STATEMENT		A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		3 APR 29 I SECRETARY (NLLAHASSEE,		
	JMENT # P01000	118422		"	ithulisiyobd,	FLURIDA	
1. Corpora	ation Name RETTA J. COURSON	INSURANC	CE, INC.	4			•
	•	·					
			Office Address ROUT RIVER DRIVE	_			
Suite, Apt. #, etc. Suite,			, Apt. #, etc.		porated or Qualified	1 .0	
[City & State JACKSONVILLE, FL 5. FEI N		siness in Florida-	12/14/01	Applied For
Zip Country Z		Zìp	Country	22-38			Not Applicable
32208	USA	32208	USA Name and Address of Current Regis		E OF STATUS DESIR		ficate of Status
8. 1, being Signature of Registered A	Lov. the	e above named corp	243 TROUT RIVER D oration, am familiar with and accept th GENT MUST SIGN	RIVE 04/28	3/030112 State Zip C FL 322	ode 208	
	and Street Addresses of Each Office Name of	er and/or Director (F	orida nonprofit corporations must list a		T	 -	
Titles	Officers and/or Directors		Officer and/or Director		City / State / Zip		
DPST	LORETTA J. COURSON	. to a magazin	243 TROUT RIVER DRIV	/E	JACKSON	/ILLE, FL 3220	
		· 					
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: LORETTA J. COURSON SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							

Je 4/30



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

April 24, 2003

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

RE: Profit Corporation Reinstatement
Document P01000118422 – Loretta J. Courson Insurance, Inc.

Dear Sir/Madam,

Please see the enclosed Corporation Reinstatement for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2002 and \$150.00 for the year 2003 to become current.

Mrs. Courson, President of the above Corporation, did not receive her reports for the referenced periods. Upon our annual review of his account along with your web site, it was determined that she had not filed. 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

Enclosure: Corporate Reinstatement

Check #1351