


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P01000121857</b>			
<b>1. Corporation Name</b>  JAMES ROBERT HUGHES, P.A.			
<b>2. Principal Office Address</b> 1533 Thurso Circle  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1533 Thurso Circle  Suite, Apt. #, etc.	
<b>City &amp; State</b> Lynn Haven, FL		<b>City &amp; State</b> Lynn Haven, FL	
<b>Zip</b> 32444	<b>Country</b> USA	<b>Zip</b> 32444	<b>Country</b> USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		12/28/01	
<b>5. FEI Number</b> 01-0549712		<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

**Name**  
James Robert Hughes, Jr.


**Street Address (P.O. Box Number is Not Acceptable)**  
1533 THURSO CIRCLE

**Suite, Apt. #, Etc.**

**City**  
LYNN HAVEN, FL

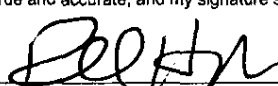
**State**  
FL      **Zip Code**  
32444

**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**  **REGISTERED AGENT MUST SIGN**      **Date** 4-22-03

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KRISTANNA W. HUGHES	1533 THURSO CIRCLE	LYNN HAVEN, FL 32444
V.P.	JAMES R. HUGHES JR.	1533 THURSO CIRCLE	LYNN HAVEN, FL 32444

**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:**       **4-22-03**      **850-763-3231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E081 (10/02)

April 22, 2003

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

**RE: Reinstatement of Corporation**

To Whom It May Concern:

I am writing to request my reinstatement of my corporation dating back to last year. After realizing last year that I had not received my first or second notice of filing, I sent a letter to the division along with a check for my reinstatement (Copies are attached). Apparently, the check was never received and the letter never processed. So, again I am requesting that you reinstate my corporation dating back to last year and as you can see the reinstatement form is complete along with a check for \$300.00. This payment will qualify for last years filing and for year 2003.

Please make a note that I sent the attachment last year and it never was received by your office or returned to mine. While this is confusing to me I understand the mail sometimes never makes it to its desired location. Hopefully this will solve our past and current issues. Please feel free to contact me at my office 850-763-3231 with any questions.

Respectfully,



Robbie Hughes