

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000119368

1. Corporation Name

KEITH THOMAS COMBS, P.A.

2. Principal Office Address

3331 ST. JOHNS AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32205

Country

DUVAL

3. Mailing Office Address

3331 ST. JOHNS AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32205

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/02

5. FEI Number

52-2386578

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

KEITH THOMAS COMBS

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

3331 ST. JOHNS AVENUE

600023235456

Suite, Apt. #, Etc.

09/22/03 01045 004 ** 50.00

City

JACKSONVILLE

State

FL

Zip Code

32205

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9/16/03

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
DPTS	KEITH T. COMBS	3331 ST. JOHNS AVENUE	JACKSONVILLE, FL 32205

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/16/03

Daytime Phone #

CR2E081 (10/02)

9/18



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

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

September 16, 2003

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

Re: Profit Corporation Annual Report
Document P02000119368-Keith Thomas Combs, P.A.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00 for the 2003 period.

Mr. Combs, President of the above Corporation, did not receive his report for this registration period. Upon completion of his tax interview today, it was determined through your website that his report had not been filed. We promptly prepared this for him.

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

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report
Check # 1021