

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 29 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085070

1. Corporation Name

CONCEPTS OF COMMUNICATIONS & Consulting,
Inc.

800119102988
02/29/08--01007--023 **\$600.00

2. Principal Office Address - No P.O. Box #

3407 BLACKFOOT LANE

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

Zip

32225

Country

CLAY

3. Mailing Office Address

P.O. BOX 551485

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32255

Country

DUVAL

REINSTATEMENT 05-08

4. Date Incorporated or Qualified

To Do Business in Florida 05/28/04

5. FEI Number

20-1196693

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

THOMAS L. POTTS, III

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

3407 BLACKFOOT LANE

Suite, Apt. #, Etc.

City

MIDDLEBURG

State

FL

Zip Code

=32068

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

2-26-08

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
P	THOMAS L. POTTS, III	3407 BLACKFOOT LANE	MIDDLEBURG, FL 32068

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 contained in Chapter 119, 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:

[Signature] THOMAS L. POTTS III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-26-08

Daytime Phone #

904-477-2194

on 3/1