

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 DEC -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 02-07

800025185978
12/03/03--01008--023 ***300.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000064446

1. Corporation Name
Robert S Gunn III, P.A.

2. Principal Office Address <u>950 Blanding Blvd</u> Suite, Apt. #, etc. <u># 6</u> City & State <u>Orange Park FL</u> Zip <u>32065</u> Country <u>USA</u>		3. Mailing Office Address <u>950 Blanding Blvd</u> Suite, Apt. #, etc. <u># 6</u> City & State <u>Orange Park FL</u> Zip <u>32065</u> Country <u>USA</u>	
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4. Date Incorporated or Qualified To Do Business in Florida 7/22/1998

5. FEI Number 59-3523907 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
Robert S Gunn III

Street Address (P.O. Box Number is Not Acceptable)
950-6 Blanding Blvd

Suite, Apt. #, Etc.

City
Orange Park State FL Zip Code 32065

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 11/26/03

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
<u>P</u>	<u>Robert S Gunn III</u>	<u>1965 woodlake Dr</u>	<u>Orange Park FL 32063</u>

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: [Signature] Date 11/26/03 Daytime Phone # (904)591-2609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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TO WHOM IT MAY CONCERN:

I AM SENDING IN THIS REINSTATEMENT FORM FOR MY CORPORATION AS WELL AS A CHECK FOR \$ 300.00 I SPOKE WITH SHAWN A SUPERVISOR AND THIS IS WHAT HE ADVISED ME TO DO. I WAS UNAWARE THAT MY CORPORATE STATUS WAS INACTIVE BECAUSE I HAVE MOVED SEVERAL TIMES AND HAVE NOT RECEIVED ANY OF MY RENEWAL NOTICES. THE ADDRESS THAT YOU HAVE NOW SHOULD BE MY LAST MOVED SO I HOPE TO AVOID THIS CONFUSION IN THE FUTURE.

SINCERELY,

A handwritten signature in black ink, appearing to read "Robert S. Gunn", is written over a horizontal dashed line. The signature is stylized and cursive.

ROBERT S. GUNN