


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 APR 16 AM 8:03 CLERK OF STATE TALLAHASSEE, FLORIDA 300099223423 04/27/07--01002--023 **1808.75 03/02/99 90056 043 \$150.00	
DOCUMENT # <u>P98000086920</u>					
1. Corporation Name <u>COOMBS HOUSE MANAGEMENT, INC</u>					
2. Principal Office Address - No P.O. Box # <u>127 Ave B</u>		3. Mailing Office Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>Apalachicola</u>		City & State 			
Zip <u>32320</u>	Country <u>USA</u>	Zip 	Country 		
REINSTATEMENT 1999-07 CR2E081 (1/07)					
4. Date Incorporated or Qualified To Do Business in Florida <u>10/98</u>					
5. FEI Number <u>20-8808978</u>					Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name <u>LYNN WILSON</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>127 Ave B</u>					
Suite, Apt. #, Etc. 					
City <u>APALACHICOLA</u>		State <u>FL</u>	Zip Code <u>32320</u>		
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 <u>Lynn Wilson</u> REGISTERED AGENT MUST SIGN				Date <u>April 7 '07</u>	
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	
PD	LYNN WILSON	1113 CAMPO SANC AVE		CORAL GABLES, FL 33146	
SD	BILL SPOHRER	1113 CAMPO SANC AVE		CORAL GABLES, FL 33146	
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: <u>Lynn Wilson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>April 7 '07</u> Date Daytime Phone #	

Page 282

COOMBS HOUSE MANAGEMENT INC
1113 CAMPO SANO AVE., CORAL GABLES, FL. 33146

PH: 305-588-5885

April 10, 2007

RE: DOCUMENT P98000086920
REINSTAMENT

Gentlemen:

Enclosed you will find our completed form for corporation reinstatement. Also, per instruction of the technical support person in the Division of Corporations, we are enclosing our check in the amount of \$1,808.75. (Check No. 3115)

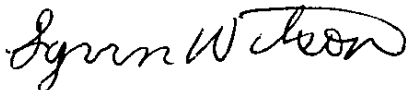
This represents

\$1,950.00 Reinstatement Fee
\$ (150.00) Unposted payment made in 1999
\$ 8.75 Certificate of Status Fee

\$1,808.75 Payment enclosed.

Please contact me if there are any other documents or information that are required.

Sincerely



Lynn Wilson

Please note changes to address &
Registered Agent *