PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P99000091247

1. Corporation Name

DOCUMENT #

COMBASE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

303 S. PARSONS AVE. BRANDON FL 33511

Suite, Apt. #, etc.

City & State

303 S. PARSONS AVE. BRANDON FL 33511

FILED 00 OCT 16 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line	hrough incorrect information and enter correction below.	REINSTATEMENT (			
New Principal Office Address, If Applicable	New Mailing Öffice Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida	10/11/1999 <b>S</b> /		
cuite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For		
City & State	City & State	59-3409204	Not A	Applicable	
		6.	£9.75 A.J.IV		

Zip	С	ountry	Zip		Country	CERTIFICATE	OF STATUS DESIRED	58./5 Additional Fee required for a Certificate of Status
7. Names	and Street Addres	ses of Each Officer and/o	r Director (Flor	ida nonprof	it corporations must list at leas	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City	/ State / Zip
DP	KITTRELL, JA	MES E		303 S. F	PARSONS AVE.		BRANDON FL 3351	1
DV	CHURCH, SA	INGIAM T		303 S. F	PARSONS AVE.		BRANDON FL 3351	1
				· · · ·		91	0000344 -10/27/00	16496 01017010
							****750.1	0) ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent			
The second secon	Name			
KITTRELL, JAMES E 303 S. Parsons ave.	Street Address (P.O. Box Number is Not Acceptable)			
BRANDON FL 33511	Suite, Apt. #, Etc.			
	City	State Zip Code		
hoing appointed the registered agent of the above gamed corporation, am farm	iliar with and accept the obligations of Section 6	07.0505 F.S.		

11. 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 filling 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 of Registered Agent

JAMES E KITHELI 10/12/00 813-681-9342

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