		PLEASE READ	ALL INST	RUCT	IONS BEFORE (	OMPLETI	NG THIS FO	PRM.		
APPLICATION FLORI FOR . P2 31				<b>Jim</b> Secreta	RTMENT OF STATE Smith ry of State CORPORATIONS	FILED				
DOCUMENT # P9900009579					CORPORATIONS	02 DEC 10 PM 12: 38				
1. Corporation Name THOMAS E. COMBS CONSULTING, INC.							SECRETARY OF STATE TALLAHASSEE. FLORIDA			
7336 WEEP	ace of Busine		Mailing Addre	3 WILLOW (	DRIVE					
SARASOTA FL 34241 SARASOTA						4U0009437674 12/10/0201051018 **150.00				
				ng Office Ac	nd enter correction below. ddress, If Applicable	Date Incorporated or Qualified     To Do Business in Florida     10/29/1999				
Suite, Apt.  City & State			Suite, Apt. #, City & State	etc.		5. FEI Number	65-0968448		Applied For Not Applicable	
Zip Country			Zip Country		Country	6. CERTIFICATE	OF STATUS DESIRED		ional Fee required ificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Name of Officers Street Address of Each And/or Directors Officer and/or Director							City / State / Zip			
P	COMBS, TI	7336 WEEPING V		EPING WILLOW DRIVE		SARASOTA FL 34241				
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				,						
!								· · · · · · · · · · · · · · · · · · ·		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
COMBS, THOMAS E 7336 WEEPING WILLOW DRIVE										
SARAS	OTA FL 342	241			Suite, Apt. #, Etc	Suite, Apt. #, Etc.			CR2E040	
					City			State Zip Co	ide	
0. I, being	appointed the	e registered agent of the above	ve named corpo	ration, am f	amiliar with and accept the o	bligations of Section	on 607.0505, F.S. or 6	17.0505, 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 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

12/01/02

261-7329

Daytime Phone #



Thomas E. Combs 7336 Weeping Willow Drive Sarasota, FL 34241 Phone/fax 941-925-2440 Tom92147@aol.com

November 25, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

THOMAS E. COMBS CONSULTING, INC.

P99000095792

It has just been brought to my attention that the above referenced corporation did not file its Annual Corporate Renewal for 2002 and was administratively dissolved on October 4, 2002.

Enclosed you will find the "Application for Reinstatement" for my corporation and a check in the amount of \$150.00 to cover this year's renewal. I am asking that the penalty for 2002 be abated due to extenuating circumstances. My business involves much traveling. It is my wife's habit to put any "important looking" papers in a box for me to sort through and take to the accountants or lawyer. Not really knowing what the UBR was I took the original renewal form to the lawyer's office. His message to me to send in the form never reached me as I was once again traveling with my consulting business. When the dissolution form arrived I took it to my accountant's office and she apprised me to write this letter of explanation to have the corporation reinstated.

As you can see from your records, this corporation has always renewed timely. The lapse of renewal was not done purposely and will certainly never happen again.

Sincerely,

Thomas E. Combs

President