

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -7 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 553919

1. Corporation Name

Thompson International LTD., Inc.

Principal Place of Business

Mailing Address

40 Margaret B. Thompson
6855 Edgewater Dr. # 3E
Coral Gables FL 33133

REINSTATEMENT

97-98
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6855 Edgewater DR.

Suite, Apt. #, etc.

3E

4. Date Incorporated or Qualified To Do Business in Florida

10-12-77

5. FEI Number

59 1782274

Applied For

Not Applicable

City & State

City & State

Coral Gables FL.

Zip

Country

Zip

Country

33133

Dade

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	Margaret B. Thompson	6855 Edgewater DR. # 3E	Coral Gables FL 33133

100002660951--0

-10/09/98--01091--008

***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISIDORE JAA OLITY Q.P.A.
10621 N. KENWORTH DR # 100
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date Oct 5, 98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 5, 98

Daytime Phone #

CR2E040 (1/98)