PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 11 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610468

1. Corporation Name

BURGESS THOMASSON CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
3880 N.W. 21st St.	900 SunTrust Bldg. 777 Brickell Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	900
City & State	City & State
Miami, FL 33142	Miami, FL 33131
Zip: 33142 / Country: USA	Zip: 33131 / Country: USA

REINSTATEMENT 09-00

4. Date Incorporated or Qualified To Do Business in Florida: 02/12/1979

5. FEI Number: 59-1884415 ☐ 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: Michael B. Walker, Esquire, WAMPLER, BUCHANAN & BREEN, P.A.

Street Address (P.O. Box Number is Not Acceptable): 900 SunTrust Building, 777 Brickell Avenue

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33131

600003220926--8
-04/24/00--01119--026
****900.00 ****900.00

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: Michael B. Walker — REGISTERED AGENT MUST SIGN — Date: March 31, 2000

CR2E081 (9/99)

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
PST	KUHNKE, WERNER	133 Southern Hills Drive	New Bern, NC 28562
V	SCHAEFER, JAMES A.	364 Marsh Point Circle	St. Augustine, FL 32084
			KE

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: Werner Kuhnke, President — 04/07/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #