


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005139 1. Entity Name BARBARA THOMAS-COLSON & COMPANY, INC.	
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FILED

05 SEP 21 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32304	Mailing Address 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32304
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09212005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3703239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, BARBARA 1490 NASHVILLE DR. TALLAHASSEE, FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CEO THOMAS, BARBARA	<input type="checkbox"/> Delete		TITLE	100060088551 09/29/05--01071--004 *\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1490 NASHVILLE DR.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP			
TITLE	PD LAQUANA, EVAN S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2203 MIDYETTE ROAD #534			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			
TITLE	VD KOONCE, ALEX J	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1490 NASHVILLE DR.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP			
TITLE	D MATHIS, W.J.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7376 WAGON TRAIL LANE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE	D REDDICK, JEROME J	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1490 NASHVILLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP			
TITLE	D ANDERSON, OSIEFIELD DR.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	KILLERN ESTATES			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Thomas 9-21-05

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