

06 AR

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV -1 PM 1:07

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



Principal Place of Business
1490 NASHVILLE DRIVE
TALLAHASSEE, FL 32304

Mailing Address
~~1490 NASHVILLE DRIVE~~
~~TALLAHASSEE, FL 32304~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
50 Mission Trail
Suite, Apt. #, etc.

11012006 REIN-NP CR2E099 (11/05)

City & State
Monticello FL

4. FEI Number
59-3703239

Applied For
 Not Applicable

Zip
32344

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, BARBARA
1490 NASHVILLE DR.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, BARBARA 1490 NASHVILLE DR. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAQUANA, EVAN S 2203 MIDYETTE ROAD #534 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOONCE, ALEX J 1490 NASHVILLE DR. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, W.J. 7376 WAGON TRAIL LANE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JEROME J 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, OSIEFIELD DR. KILLERN ESTATES TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cherry Bess-Branch <input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770 Tallahassee, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony J. Sanders <input type="checkbox"/> Change <input type="checkbox"/> Addition 1490 Nashville Drive Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900081426649 11/01/06--01020--023 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #