

**2007 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

07 DEC 14 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005139

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



Principal Place of Business
1490 NASHVILLE DRIVE
TALLAHASSEE, FL 32304

Mailing Address
50 MISSION TRAIL
MONTICELLO, FL 32344



REINSTATEMENT (1/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
59-3703239

Applied For
 Not Applicable

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

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400113218474 12/18/07--01019--009 **\$61.25
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Kinsey Thomas, Jr. 50 Mission Trail Monticello, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHIS, W.J. 7376 WAGON TRAIL LANE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Anthony Sanders 50 Mission Trail Monticello, FL 32344
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition J Jacquelyn Reeves 50 Mission Trail Monticello, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, OSIEFIELD DR. KILLERN ESTATES TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S Cheryl Bess Branch 50 Mission Trail Monticello, FL 32344

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