

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000011043

**FILED**  
**Aug 27, 2014**  
**Secretary of State**

**Entity Name:** THRASHER GRADING INCORPORATED

**Current Principal Place of Business:**

10106 TROPICAL DRIVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 366932  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

10106 TROPICAL DRIVE  
BONITA SPRINGS, FL 34135

**FEI Number:** 36-4487980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THRASHER, OTIS C  
10106 TROPICAL DRIVE  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: OTIS CARL THRASHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVT  
Name: THRASHER, OTIS C  
Address: 10106 TROPICAL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S  
Name: THRASHER, CLARA S  
Address: 10106 TROPICAL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OTIS CARL THRASHER

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08/27/2014

Electronic Signature of Signing Officer or Director

Date