

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 14 PM 2:03

CORPORATION REINSTATEMENT



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

DOCUMENT # 586140

1. Corporation Name Thomas Farms of LaCrosse, Inc.
 P. O. Box 404
 LaCrosse, FL 32658

2. Principal Office Address 20915 N. ST. RD. 121
 Suite, Apt. #, etc.

3. Mailing Office Address P.O. BOX 404
 Suite, Apt. #, etc.

City & State LACROSSE, FL

Zip 32658 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 1991

5. FEI Number 59-3090149

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name Roland Jeffrey Thomas

Street Address (P.O. Box Number is Not Acceptable) 3026 STATE ROAD 235

Suite, Apt. #, Etc.

City BROOKER **State** FL **Zip Code** 32622

600004740868-5
 -12/27/01--01028--018
 *****750.00 *****50.00

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 *Jeff Thomas* **Date** 12/11/01

REGISTERED AGENT MUST SIGN

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
Pres	R.J. Thomas	3026 ST RD 235	Brooker, FL 32622
Sec	R.G. Thomas	2928 ST RD 235	Brooker, FL 32622

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: *Jeff Thomas* **Date** 12/11/01 **Daytime Phone #** 386 462 1203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20041 (8/00)