PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 610468

FILED

00 APR 11 AM 10: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Egrpora	ation Name URGESS THOMASSON CORPO	PRATION				
2. Principa	al Office Address	3. Mailing Office Addre	3. Mailing Office Address			00 05
3880 N.W. 21st St.		900 SunTrust Bldg. 777 Brickell Ave.		La Chair	TATEMENT	' / XI-(X
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
		900		4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State		02/12/1979 5. FEI Number Applied For		
Miami, FL 33142		Miami, FL 33131		5. FEI Number 59–1884415 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Zip Country USA		Zip Country USA				
	gan in the state of the state o	7. Name and A	Address of Current Register	red Agent		-
Signature of Registered	Street Address (P.O. Box Number is N 900 SunTrust E Suite, Apt. #, Etc. City Miami appointed the registered agent of the above Agent Agent Ri	ot Acceptable) Suilding, 777 B we named corporation, am of the suilding and the suilding are suilding as a suilding are suilding are suilding as a suilding are su	, FSIGN	bligations of section	-04/24/00-0 -04/24/00-0 ****900 00 State Zip Code FL 33131	*****\$J30.00
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonpro				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PST	KUHNKE, WERNER	133 8	Southern Hills I	Drive	New Bern, NC 2	28562
v	SCHAEFER, JAMES A.	364 1	Marsh Point Circ	cle	St. Augustine,	FL 32084
	<u> </u>					

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: Weer

Werner Kuhnke, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

KE