

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 DEC 29 P 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 12/29/09--01033--008 **308.75

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 347348
 1. Corporation Name
Thornton Railroad Contractors, Inc.

2. Principal Office Address - No P.O. Box # 4850 Parete Circle North		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32218-1255	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/05/1969	
5. FEI Number 591268365	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Larue Dianne Thornton		
Street Address (P.O. Box Number is Not Acceptable) 4850 Parete Circle North		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32218-1255

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Larue Dianne Thornton* Date December 24, 2009
 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
P	William C. Thornton, Jr.	4850 Parete Circle North	Jacksonville, FL 32218-1255
S	Larue D. Thornton	4850 Parete Circle North	Jacksonville, FL 32218-1255

REINSTATEMENT
 08-09
[Signature]

10. E-mail Address: dthornton11@yahoo.com
 (To be used for future annual report notification)

11. 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. I further certify, 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: *William C. Thornton, Jr.* **William C. Thornton, Jr.** Date 12/24/2009 904-713-8378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #