

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SUB
DIVISION OF CORPORATIONS

06 OCT 30 PM 12:51

DOCUMENT # 581843

1. Corporation Name

Thomasville Properties, Inc.

2. Principal Office Address

9742 Montague Street

Suite, Apt. #, etc.

City & State

Tampa, FL 33626

Zip

33626

Country

USA

3. Mailing Office Address

8455 Lyndon Lane

Suite, Apt. #, etc.

City & State

Austin, TX 78729

Zip

78729

Country

USA

REINSTATEMENT

98-06

CR2E081 (12/05)

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

08/09/78

5. FEI Number

59-1845328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. J. Collins

Street Address (P.O. Box Number is Not Acceptable)

9742 Montague Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

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**

REGISTERED AGENT MUST SIGN

Date 10/26/2006

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. Collins	9742 Montague Street	Tampa, FL 33626

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. Collins

Date

512-249-6240

Daytime Phone #