

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 9:38

DOCUMENT # 706639

1. Corporation Name

THRIFT INC

2. Principal Office Address - No P.O. Box #

375 SOUTH COUNTY ROAD

Suite, Apt. #, etc.

SUITE 205

City & State

PALM BEACH, FLORIDA

Zip

33480

Country

U.S.

3. Mailing Office Address

375 SOUTH COUNTY ROAD

Suite, Apt. #, etc.

SUITE 205

City & State

PALM BEACH, FLORIDA

Zip

33480

Country

U.S.

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 01/02/1964

5. FEI Number
59-0802932

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

MADDOCK, PAUL L. JR

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

375 SOUTH COUNTY ROAD

Suite, Apt. #, Etc.

SUITE 205

City

PALM BEACH

State

FL

Zip Code

33480

☐ 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

Date

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
PD	MADDOCK, PAUL L. JR	375 SOUTH COUNTY ROAD	PALM BEACH, FL 33480
VSD	HOPKINS, RANDOLPH A.	238 NIGHTINGALE TR	PALM BEACH, FL 33480
TD	KERESEY, ANN	145 PERUVIAN AVE.	PALM BEACH, FL 33480
D	LOVE, ELEANOR L.	1850 FOREST HILL BLVD, STE 109 WEST PALM BEACH, FL 33406	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/2/08 561-655-1483