

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005044

1. Corporation Name

Thornton, Musso & Bellemin, Inc.

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

4788 Waywood Drive

Suite, Apt. #, etc.

City & State

Zachary, LA

Zip

70791

Country

USA

3. Mailing Office Address

P.O. Box 181

Suite, Apt. #, etc.

City & State

Zachary, LA

Zip

70791

Country

USA

300122911019
04/10/08--01029--018 **1200.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida 1995

5. FEI Number
72-1158537

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

CT CorporationSystem

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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

Howard L. Volz

Howard L. Volz
Asst. Secretary

Date 4-8-2008

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
PDC	Thornton, David M.	9661 Island Road	New Roads, LA 70760
VD	Musso, Michael W.	428 Shelly Drive	Lafayette, LA 70503
STD	Thornton, Michael L.	2065 Richland Avenue	Baton Rouge, LA 70808

10. I certify that I am an officer, 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

David M. Thornton

DAVID M. THORNTON 04-08-08

225-654-4955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #