المجير بالمداعدة أأريا

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 NOV -3 AM 10: 30
DOCUMENT# 1. Corporation Name Estelle Smith (hompson, Onc		SECRETARY OF STATE TALLAHASSEE, FLORIDA
J50438		
2. Principal Office Address Suite, Apt. #, etc.	3. Mailing Office Address 19325 W Hwy 40 Suite, Apt. #, etc.	REMISTATEMENT ON
		4. Date Incorporated or Qualified To Do Business in Florida
Dunnellon - 71	Dumellon, 71	5. FEI Number Applied For
Zip Country	ZIP Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name VIRGINIA Renet Stephens Street Address (P.O. Box Number is Not Acceptable) 19325 U) HUU 40 Suite, Apt. #, Etc. State Zip Code		
Dunnellan	<u> </u>	FL 34432
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 10/27/04 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 Director	Street Address of Eac Officer and/or Director	
V.Pra Kent Smith	19325 W HU	0440 Dunnellon 7134432
Sc Sandy Smit	h ic ic	
Per Renee Steph	en 5 19375 Wt	tuy 40 Dunnellon 71 3-1437
		000042422700
		11/03/0401027024 **750.00
4.7		Pr cd 10
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 filling 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 strail have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Date Daytime Phone #		
SIGNATURE AND TIPED ON PHINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daytime Prione #		



Department of State

I certify from the records of this office that ESTELLE SMITH THOMPSON, INC. is a corporation organized under the laws of the State of Florida, filed on December 29, 1986, effective December 30, 1986.

The document number of this corporation is J50438.

I further certify that said corporation has paid all fees due this office through December 31, 1999, that its most recent annual report was filed on December 27, 1999, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-ninth day of December, 1999



CR2EO22 (1-99)

K**atherine Harris** Katherine Harris Secretary of State