

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J89587

1. Corporation Name

THURMAN COMPANY/FLORIDA

Principal Place of Business

491 STATE ROAD 434 N
STE 125
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

491 STATE ROAD 434 NORTH
STE 125
ALTAMONTE SPRINGS FL 32714
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2845381

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	THURMAN, RICHARD D.	6100 N OCEAN BLVD UNIT 6	OCEAN RIDGE FL
PS	HITCHCOCK, WILLIAM E.	10000 SHELBYVILLE ROAD	LOUISVILLE KY
VP	STEVE SETTLE	491, STATE RD 434 N, SUITE 125	ALTAMONTE SPRINGS FL
	STEVE SETTLE	491, STATE RD 434 N, SUITE 125	ALTAMONTE SPRINGS FL
CEO CFO	MOSELEY, J. LEWIS (No Period)	10000 SHELBYVILLE ROAD	LOUISVILLE KY
			700002336737-1 -11/03/97--01143--009 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

JOHN V. BAUM
111 SOUTH MAITLAND AVE.
SUITE 100
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 #

10/28/97

(502) 245-2166