

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

03 APR 30 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000003251

Name and Mailing Address

0003710 01 FP 0.352 \*\*PRSRT T2 0 0615 33401-711699



THOMPSON-INTERLAW, LLC

201 ARKONA COURT

WEST PALM BEACH FL 33401-7116

MJH



4/30 2002-2003

2. New Mailing Address P.O. BOX 1936		4. State/Country of Formation FL	
City, State, Zip BELIZE CITY, BELIZE		5. Date Organized or Qualified To Do Business in Florida 03/02/2001	
Principal Place of Business 201 ARKONA COURT WEST PALM BEACH FL 33401	3. New Principal Place of Business Address 8 MARINE PARADE City, State, Zip BELIZE CITY, BELIZE		6. FFL Number Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DAVIS & GIARDINO, P.A. 201 ARKONA COURT WEST PALM BEACH FL 33401		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent Name CLARK W. SMITH, ESQ. Street Address (P.O. box number is Not Acceptable) BARRISTERS BLDG., SUITE 500 1615 FORUM PLACE City WEST PALM BEACH FL Zip Code 33401	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Clark W. Smith, Reg. Agent by express power of attorney Date 25 April, 2003

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THOMPSON, STEPHEN	201 ARKONA COURT	WEST PALM BEACH FL 33401
MGRM	THOMPSON, STEPHEN	8 MARINE PARADE	BELIZE CITY, BELIZE
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Steph Thompson MGRM Date 25 April, 2003 Daytime Phone # (501) 223-65-66

Typed or printed name of signing Managing Member/Manager