

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 22 AM 8:23

DOCUMENT # L04000012567

1. Corporation Name

PALAFIX PROPERTY, L.L.C.

2. Principal Office Address

7142 BELGIUM CIRCLE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32526

Zip

32526

Country

USA

3. Mailing Office Address

P. O. BOX 1911

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32591

Country

USA

600061605626

11/22/05--01005--011 \*\*750.00

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2004

5. FEI Number

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

FRED R. THOMPSON

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

7142 BELGIUM CIRCLE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

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

*Fred R. Thompson*  
REGISTERED AGENT MUST SIGN

Date

11/17/05

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
MGRM	FRED R. THOMPSON	7142 BELGIUM CIRCLE	PENSACOLA, FL 32526
MGRM	SANDRA THOMPSON	7142 BELGIUM CIRCLE	PENSACOLA, FL 32526
MGRM	DAISY M. THOMPSON, TRUSTEE	5800 NORTH "W" STREET #9	PENSACOLA, FL 32505
MGRM	FRED R. THOMPSON, TRUSTEE	5800 NORTH "W" STREET #9	PENSACOLA, FL 32505

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 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:

*Fred R. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/05

Daytime Phone #