PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED TO MAY 10 PM 2: 16
DOCUMENT # L 050000 68263 1. Limited Liability Company's Name Cureton & Thompson Investments, LLC		\$EURLTARY OF STATE FACEAHASSEE.FLORIDA 200180660252 05/10/1001062003 **416.25
2. Principal Office Address - No P.O. Box # 211 Meadle Billy a Suite, Apt. #. etc.	3. Mailing Office Address Suite, Apt. #. etc.	CR2E041 (11/09) 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified
TAIIANA SSEE Zip Country	City & State FL 5AME Zip Country	To Do Business in Florida 7/17/05 6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
8. Name and Address of Current Registered Agent Name Curation, BRYAN H. Street Address (P.O. Box Number is Not Acceptable) 211 Meadus Ridge Rd. Suite, Apt. #, Etc. City Tallahassee State State FL 3319		for a Certificate of Status A \$100 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 \$100 reinstatement be waived.
9. I, being appointed the registered agent of the above named limited liability company and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 5—10—2010 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members Name of Managing Members/Managers	Street Address of Each Managing Member/ Mana	REINSTATEMENT City/State/Zip 08/10
MAM BRYAN H CURETON 211 Monday Ridge Rd. Tallahussee, TX 32319 MENT JENNIFER L. CURETON 211 Monday Ridge Od Tallahassee, FX 32319 MENTA POUL T. CURETON 6023 OX BOHOM MINOR DR TOllahassee, FX 32312		
MEAN BETTY E. Cureton MEN BEET A. Thompson MEN - 1	6023 OX Bottom M 8047 FEENEY CT.	TOPOR DE TOPONOSSEE, FL 323/2
11. E-mail Address: Clope used for future annual report notifications) 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 filling this reinstatement application the reason for dissolution has been diminated, 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 promation 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 Date S-10-2010		