PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	ORATION TATEMENT	Secret	ARTMENT OF STATE ary of State F CORPORATIONS		05	,,,	-	
DOCUMENT # M72520 1. Corporation Name					SEORETANY OF STATE TALLABASSIE, FEOR DA			
Flori	da Thompson Investm	ents, Inc.						
2. Principal O 3972 Te	mmo Address ays Valley Road	3. Mailing Office Add	valley Road	1				
Suite. Apt. #. el	tc.	Surie. Apt. #. etc.			rporated or Qualifie	d 03/18/198		
city & State Hurrica	ne. WV	City & State Hurricane,	WV	5. FEI Numb	er	Ap	plied For	
Zip 25526	Country USA	zip 25526	Country	T-	E OF STATUS DESIR		t Applicable Fee requirec te of Status	
		7. Name and	d Address of Current Regist	ered Agent	· · · · · · · · · · · · · · · · · · ·	·		
	7-4	Chartered , Suite 400 manufactorporation. ar	m (amiliar with and accept the ST SIGN	obligations of sect	State Zip C FL 333	316 ⁻	1207	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea					_			
Titles	Name of Officers and/or Directors IIIIam D. Thompson,	·	Street Address of Ea Officer and/or Direct		City / State / Zip			
	sq.		? Teays Valley	Road 7	Hurricane	e, WV 25526		
			一方 なるできる	9 h	99	US		
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 in 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 transame legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

LAW OFFICES BRIAN C. DEUSCHLE, CHARTERED

SUITE 400 800 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 763-7200
TELECOPIER (954) 522-7728
E-MAIL b.c.d.charlered@worldnet.att.net

February 23, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Florida Thompson Investments, Inc.

Corporation Reinstatement and Request for Certificate of Status

Our File No. 1707-05-2-16

Dear Sir or Madam:

Enclosed herewith please find a Corporation Reinstatement form for the above referenced corporation, together with our Firm's check (#1613) in the amount of One Thousand Six Hundred Fifty-eight and 75/100 Dollars (\$1,658.75), representing the reinstatement fee in connection with same. Kindly forward a Certificate of Status to the undersigned in the self-addressed, prepaid envelope provided for your convenience.

Should you have any questions with regard to the foregoing, please feel free to contact me.

Sincerely,

BCD/st Encls.

cc (w/encls.): William DeForest Thompson, Sr., Esq., via facsimile

 $C:\ \ Corel\ FL\ Thompson\ Investments \ \ Reinstatement\ of\ Corporation\ \ \ Secretary\ of\ State\ 02-23-2005. wpd$