


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005139 1. Entity Name BARBARA THOMAS-COLSON & COMPANY, INC.						FILED 05 SEP 21 PM 2: 32 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32304				Mailing Address 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32304			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THOMAS, BARBARA 1490 NASHVILLE DR. TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 59-3703239			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, BARBARA 1490 NASHVILLE DR. TALLAHASSEE, FL 32304			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060088551 09/29/05--01071--004 *\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAQUANA, EVAN S 2203 MIDYETTE ROAD #534 TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOONCE, ALEX J 1490 NASHVILLE DR. TALLAHASSEE, FL 32304			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, W.J. 7376 WAGON TRAIL LANE TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JEROME J 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, OSIEFIELD DR. KILLERN ESTATES TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Barbara Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>9-21-05</i> <small>Daytime Phone #</small>			