

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072496

1. Corporation Name

JOHN THRASHER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~1775 EAGLE WATCH DR
ORANGE PARK FL 32003~~

~~1775 EAGLE WATCH DR
ORANGE PARK FL 32003~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/01/2000

1303 Oaklanding Lane

1303 Oaklanding Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3661734

Applied For

Not Applicable

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip Country
32003 USA

Zip Country
32003 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THRASHER, JOHN E	1775 EAGLE WATCH DR	ORANGE PARK FL 32003
		1303 Oaklanding Lane	Orange Park, FL 32003

000009008030
11/14/02 01089 019 ***158.75

DA King
11/12/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KING, DAVID A ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK FL 32073

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

David A King
REGISTERED AGENT MUST SIGN

Date

11-4-02

11. 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:

Jim Thrasher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02

Daytime Phone #

CR2E040 (8/02)

John Thrasher & Associates, Inc.
1303 Oaklanding Lane
Orange Park, FL 32003
(904) 264-6973

November 4, 2002

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

RE: Corporate Reinstatement
John Thrasher & Associates, Inc.
Corporate Document No. P00000072496

Dear Secretary:

I have enclosed my completed Application for Reinstatement for John Thrasher & Associates, Inc.

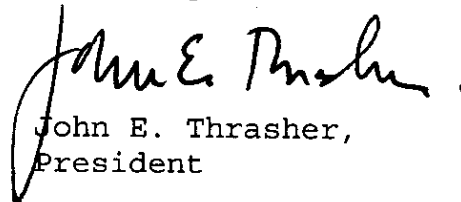
The Notice of Dissolution is the first notice that I received. I have included a copy of the address page showing the label affixed by the U.S. Post Office.

Please reinstate the corporation and waive the fee due to the fact that my corporate office moved and I did not receive the Uniform Business Report notices.

I have enclosed a check in the amount of One Hundred Fifty Eight and 75/100 Dollars (\$158.75) to cover the Corporate Annual Fee and the Certificate of Good Standing.

If you have any questions, please do not hesitate to call. As always, it is a pleasure working with you.

Sincerely,


John E. Thrasher,
President