

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000112807**

1. Corporation Name

THOUGHTBULB, INC.

Principal Place of Business

7625 CAMPBELL CREEK LANE
CHARLOTTE NC 28212

Mailing Address

7625 CAMPBELL CREEK LANE
CHARLOTTE NC 28212

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

223 Wimbledon Pl.
Macon, Georgia
31211 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

56-2278252

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SHULER, TODD	7625 CAMPBELL CREEK LANE	CHARLOTTE NC 28212
ST	SHULER, EVETTA	7625 CAMPBELL CREEK LANE	CHARLOTTE NC 28212

600024329656
10/31/03--01028--001 **150.00

8. Name and Address of Current Registered Agent

COTTONE, R. CHRIS
555 SOUTH POWERLINE ROAD
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

Evetta Shuler

Evetta Shuler

Date

10/22/2003

Daytime Phone #

(478)
743-
0804

CR2E040 (7/03)

223 Wimbledon Pl.
Macon, GA 31211

October 22, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

Please reinstate our corporation. We moved our offices and in the process of moving, mail and other important items were overlooked. We have included the updated information and the \$150 per our conversation with your office. Please also note our new address is as follows: 223 Wimbledon Place, Macon, GA 31211.

Thanks so much for your help in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Evetta Shuler".

Evetta Shuler