

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082126

1. Corporation Name

THAXTON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6030 MEDICI COURT #105
SARASOTA FL 34243

6030 MEDICI COURT #105
SARASOTA FL 34243



500023881765
10/17/03--01030--026 **150.00

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

07/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

20-0000537

Not Applicable

Zip Country
34240 SARASOTA

Zip Country
34240 SARASOTA

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
Pres	LEE THAXTON	2909 SEASONS BLVD SARASOTA, FLORIDA 34240	SARASOTA, FL 34240

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THAXTON, LEE
6030 MEDICI COURT #105
SARASOTA FL 34243

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

Date 10-14-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

941-650-3731

Daytime Phone #

CR2E040 (7/03)

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October 14, 2003

**Thaxton Enterprises, Inc.
2909 Seasons Blvd
Sarasota, FL 34240**

**Florida Department of State
Division of Corporations
PO Box 6327 Tallahassee, FL 32314**

**Re: UBR 2003
Document #P02000082126**

To Whom It May Concern,

Please be advised that Thaxton Enterprises, Inc. did not receive prior UBR notices. Therefore please waive the reinstatement and any associated penalties involved. Enclosed is my check #1048 in the amount of \$150.00 and the completed UBR with address correction. Thank you for your attention to this matter.

Sincerely,



**Lee Thaxton
President**