

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 14 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REINSTATEMENT 03



100023781061
 10/14/03--01018--008 **150.00

DOCUMENT # **P02000122513**

1. Corporation Name

THORNTON ASSETS, INC.

Principal Place of Business

Mailing Address

**319 KASSIK CIRCLE
 ORLANDO FL 32824**

**319 KASSIK CIRCLE
 ORLANDO FL 32824**

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

13951 GOLDEN RAIN TREE BLVD
 Suite, Apt. #, etc.

13951 GOLDEN RAIN TREE BLVD
 Suite, Apt. #, etc.

11/16/2002

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

5. FEI Number

Applied For
 Not Applicable

Zip Country
32828 U.S.A.

Zip Country
32828 U.S.A.

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
P	THORNTON, ERLY J III	319 KASSIK CIRCLE	ORLANDO FL 32824
P	THORNTON, ERLY J III	13951 GOLDEN RAIN TREE BLVD	ORLANDO FL 32828

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THORNTON, ERLY J III
 319 KASSIK CIRCLE
 ORLANDO FL 32824**

Name
THORNTON, ERLY J III
 Street Address (P.O. Box Number is Not Acceptable)
13951 GOLDEN RAIN TREE BLVD
 Suite, Apt. #, Etc.
 City
ORLANDO State **FL** Zip Code **32828**

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]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10/9/2003**

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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/9/2003** Daytime Phone #

CR2E040 (7/03)

THORNTON ASSETS, INC.

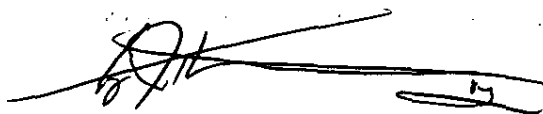
October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am certifying that I have not received the two prior UBR notices. I am filing without penalty immediately. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Erly J. Thornton III", written over a horizontal line.

Erly J. Thornton III
President