

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 02000125825  
1. Corporation Name  
Thrice, Inc

2. Principal Office Address  
2700 Westhall Lane  
Suite, Apt. #, etc.  
230

3. Mailing Office Address  
2700 Westhall Lane  
Suite, Apt. #, etc.  
230

City & State  
Maitland, FL  
Zip  
32751  
Country  
USA

City & State  
Maitland, FL  
Zip  
32751  
Country  
USA

4. Date Incorporated or Qualified To Do Business In Florida  
11/21/2002

5. FEI Number Applied For  
Not Applicable

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

**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name  
Preston D. Cook

Street Address (P.O. Box Number is Not Acceptable)  
3807 Pickwick Drive

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32817

300028532053  
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
Preston D. Cook  
REGISTERED AGENT MUST SIGN

Date  
2-3-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Preston D. Cook	3807 Pickwick Dr.	Orlando, FL 32817

10. 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: Preston D. Cook  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
2-3-04

Daytime Phone #  
407-836-9157

CR2E081 (10/02)