

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000127451**

1. Corporation Name

Third Generation Accounting, Inc.

2. Principal Office Address

5421 15th ST. E.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34203

Country

USA

3. Mailing Office Address

5421 15th ST. E.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34203

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-02

5. FEI Number

43-1987984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kim T. Coody

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

4908 Lorraine Road

Suite, Apt. #, Etc.

City

Bradenton, Fl. 34211

State

FL

Zip Code

600042195276

10/26/04--01083--018 **308 75

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

Kim T. Coody
REGISTERED AGENT MUST SIGN

Date **10-26-04**

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
PD	Kim T. Coody	4908 Lorraine Road	Bradenton, Fl. 34211
D	Bonnie H. Tharpe	5419 16 th St. Ct. E.	Bradenton, Fl. 34203

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.

941-755-1130

SIGNATURE:

Kim T. Coody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-04

Daytime Phone #