

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W08000005558

FILED  
2008 JAN 31 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055441

1. Corporation Name

**Carolyn Thomas Realty, Inc.**

400116581234  
01/31/08--01035--018 \*\*908.75

REINSTATEMENT NO. 8  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 198 7th Street		3. Mailing Office Address P.O. Box 267	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.	
City & State Moore Haven, FL		City & State Moore Haven, FL	
Zip 33471	Country USA	Zip 33471	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	5/12/2003
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Carolyn Thomas			
Street Address (P.O. Box Number is Not Acceptable) 198 7th Street			
Suite, Apt. #, Etc. Suite 2			
City Moore Haven	State FL	Zip Code 33471	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Carolyn Thomas Date 1-19-07  
REGISTERED AGENT MUST SIGN

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
D	Carolyn Thomas	198 7th Street, Suite 2	Moore Haven, FL 33471

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 contained in Chapter 119, 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: Carolyn Thomas Date 1-19-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

B. Mitchell JAN 31 2008