

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008761

1. Corporation Name

CODY THOMPSON CONSTRUCTION, INC.

2. Principal Office Address

201 College Grove Circle NE,

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip
33881

Country
USA

3. Mailing Office Address

201 College Grove Circle, NE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip
33881

Country
USA

REINSTATEMENT 0506
4. Date Incorporated or Qualified
To Do Business in Florida January 12, 2004

5. FEI Number

54-2145996

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

Debra J. Sutton, Esq.

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

325 West Main Street

Suite, Apt. #, Etc.

City

Winter Haven, FL

State
FL

Zip Code
33880

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

Date 10-02-2006

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 |
|--------|--------------------------------------|---|--|
| P/D | Cody Thompson | 201 College Grove Circle NE | Winter Haven, FL 33881 |
| | | | 4 00080586384 10/10/06--01058--015 **8.75 |
| | | | 4 00080586384 10/10/06--01058--015 **900.00 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-2006

Date

Daytime Phone #

K. Eckel OCT - 3 2006