## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000015011

Entity Name: A. THOMAS & COMPANY INC.

FILED Oct 08, 2008 Secretary of State

| -  |   |  |   |  |  |
|--|---|--|---|--|--|
| Current Principal Place of Business:                   |   |  | New Principal Place                         | New Principal Place of Business:             |  |
| 875 MEADO<br>SUITE 311<br>BOCA RAT                     | OWS RD.<br>ON, FL 33486                             | 3  |   |  |  |
| Current Mailing Address:                               |   |  | New Mailing Addres                          | New Mailing Address:                         |  |
| 875 MEADO<br>SUITE 311<br>BOCA RAT                     | OWS RD.<br>ON, FL 33486                             | 3  |   |  |  |
| FEI Number: 14-1988425                                 |   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and |   |  |   | of New Registered Agent:                     |  |
| 875 MEADO<br>SUITE 311                                 | AD, THOMAS<br>DWS RD<br>ON, FL 33486                |  |   |  |  |
| The above in the State                                 |   | submits this statement for the                                       | purpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATUR   | E: THOMAS   | A MOOREHEAD  |   |  |  |
| Electronic Signature of Registered Agent               |   |  | jent  | Date   |  |
|  |   | 3(2)(b), F.S., the corporation did n<br>Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                                |   |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | PST ()<br>MOOREHEAD,<br>5202 FOXPOIN<br>DELRAY BEAC | TE CR  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | VP ()<br>MOOREHEAD,<br>5202 FOXPOIN<br>DELRAY BEACI | TE CR  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A MOOREHEAD PST 10/08/2008