

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 APR 27 AM 9:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P13000009786

1. Corporation Name

THOMASVILLE HOLDING COMPANY

2. Principal Office Address - No P.O. Box #

6105 Leonardo Street

Suite, Apt. #, etc.

3. Mailing Office Address

6105 Leonardo Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

46-2835846

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

G, B & B-B REGISTRIES, LLC

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

7301 SW 57th Court

Suite, Apt. #, Etc.

Suite 560

City

South Miami

State

FL

Zip Code

33143

700285066587
04/27/16--01002--005 **\$900.00

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

REGISTERED AGENT MUST SIGN

Date

4/12/16

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	CAMPBELL SMITH	6105 Leonardo Street	Coral Gables, FL 33166
SEC	ASHLEY SMITH	6105 Leonardo Street	Coral Gables, FL 33166
T	ASHLEY SMITH	6105 Leonardo Street	Coral Gables, FL 33166
			S. HAWKES
			APR 27 A.M.
			EXAMINER

10. E-mail Address: **kpenaranda@gbptaxlaw.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH†
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
TELEFAX (305) 666-1020
E-MAIL Law@GBPTaxLaw.com

KEY WEST OFFICE

GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO
SOUTH MIAMI

April 19, 2016

VIA CMRRR

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Thomasville Holding Company


Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement form regarding the above referenced entity as well as a check in the amount of \$900.00 for processing. Once the form has been processed, please send our office confirmation. Thank you.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.


KATALINA PEÑARANDA, ESQ.

KP/ah
Enclosures