


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 16 AM 7:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #		1. Corporation Name		Real Estate By Thomas Inc. 18800 Peninsula Cove Lane Cornelius, NC. 28031	
Principal Place of Business		Mailing Address			
REALESTATE BY THOMAS INC. 10290 N.E. 60th. St. P.O. BOX 1390 Bronson, FL. 32621					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		02/13/1991	
City & State		City & State		5. FEI Number	
Zip		Country		23-2498395	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P-T	JACK THOMAS	18800 PENINSULA COVE LA.	CORNELIUS, NC. 28031		
VP-S	WANDA L. THOMAS	SAME AS ABOVE	SAME AS ABOVE		
R-AGT	CLYDE O. EGGLETON	10290 N.E. 60th. ST	BRONSON, FL 32621		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
CLYDE O. EGGLETON 10290 NE. 60th. St. BRONSON, FL. 32621			Name 100002064541--1 -01/22/97--11001--011 Street Address (P.O. Box Number is Not Accepted) ***375.00 ***375.00 Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Clyde O. Eggleton</i> Date DEC-24, 1996 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: CLYDE O. EGGLETON R7E AGENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEC. 24, 1996 352-486-2582 Date Daytime Phone #					

CR2E040 (12/95)