

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM-7:17

DOCUMENT # P9400023163 P94000023163

1. Corporation Name

SEARCHWELL THORNE & ASSOCIATES, INC.

REINSTATEMENT 02-03

2. Principal Office Address

12710 English Hills Ct.

3. Mailing Office Address

P.O. Box 16487

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa, Florida

Zip

33617

Country

U.S.A

Zip

33687-6487

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/1994

5. FEI Number

59-3230616

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

Gladstone A. Cooper, Jr.

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

6103 Grape Fern Ct.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33617

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 6/30/03

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
CPS	Gladstone A. Cooper, Jr.	12710 English Hills Ct.	Tampa, FL 33617

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 under section 119.07(3)(i), 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

6/30/2003 (813) 899-2061

Date

Daytime Phone #

CR2E081 (10-02)