PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

5000088735

1. Corporation Name

THRIFT CENTER TWO, INC.

Principal Place of Business

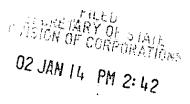
Mailing Address

3752 BLANDING BOULEVARD JACKSONVILLE FL 32210

SIGNATURE:

-3752-BLANDING BOULEVARD

JACKGONVILLE-FL-32210-



02 520-347-8040

If above addresses are incorrect in any way, line	through incorrect info	ormation and enter	correction below.	REMS	TATEME	NT 01-02	
New Principal Office Address, If Applicable	ng Office Address, If Applicable Alvernon Way			orated or Qualified less in Florida	11/20/1995		
Suite, Apt. #, etc.	Suite, Apt. #, el	, etc.		_5,_FEI.Number		Applied For—	
City & State City & State					59-3357397	Not Applicable	
Zip Country	Tucson, Zip 85712	Countr USA	•	6. CERTIFICATE	OF STATUS DESIRED	\$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			City / State / Zip			
-PSHAW-, ROB	+1415-MOTOR-YACHT-CIR S=-			-JACKSONWILLE FL 32225			
SEFEROS, JACQUELINE	24202 N. 86TH-ST - 역629 E Thunderhawk Rd			SCOTTSDALF: AZ 83255 Cave Creek AZ 85331			
	,j*						
						30/18	
			10	0000 <u>4</u> 79	9:\\` 855918		
					-01/25/02 ****900.	01018006 00 ****900.00	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
CENTRE DITE			JACA	MELINE		S	
11415 MOTOR YACT CIR. S. JACKSONVILLE FL 32225		Street Address (P.O. Box Number is Not Acceptable) 3752 Blanding Boulevard Suite, Apt. #, Etc.					
			City Jacksonv	rille		State Zip Code	
10. I, being appointed the registered agent of the	above named corpora	ation, am familiar w	ith and accept the o	bligations of Secti	ion 607.0505, F.S.		
Signature of Registered Agent 11. I certify that I am an officer or director or the T	REGISTERED AGE	——— <i>1</i> ——	this application as	provided for in cha	Date GIVE	g 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

this reinstalement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR