, PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	OMBLETING THIS	FORM
APPLICATION A	FLORIDA DEPARTME	INT OF STATE	AND	
FOR .	Sandra B. Mo Secretary of		FILED	<b>₽</b>
REINSTATEMENT	DIVISION OF CORPO		DEC -6 PH 12: 49	
DOCUMENT # P9500	0089247	SEC TALL	RETARY OF STATE AHASSEE. FLORIDA	DEPARTMENT 96 DEC -5 F
THRESHER BUILDING CORPO	PRATION			
Principal Place of Business	Mailing Address			STA STA
1153 13TH ST. HOLLY HELL FL 32117	***************************************			
If above addresses are incorrect in any way, line thr	ough incorrect information and ente	r correction below.		
New Principal Office Address, If Applicable     New Mailing Office Address, If		f Applicable	Date Incorporated or Qualified To Do Business in Florida	11/20/1995
Suite, Apt. #, etc.			5. FEI Number	Applied For
City & State	City & State		59-336816	Not Applicable
Zip Country	Zip Count	try	6. CERTIFICATE OF STATUS DESIR	S8-75 Additional Fee required for a Contricate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpor	ations must list at lea	st 3 directors)	\$ 1979 TO SEE
Titte(s) 1 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			umbers) 4	City/State/Zip
· O Richard D. Gun		3155+		y Hill Fla3211
			HOIL	y Pritt, Moon
4				
			6000021	0252064
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		•		de a solo
		RE	INSTATEMEN	T XIGHANG
8. Name and Address of Current I	Registered Agent		9. Name and Address of New R	ogistereci Ayent
GUNTER, RICHARD D	Name		4	
1153 13TH ST. HOLLY HILL FL 32117		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City		State Zip Code
10. I, being appointed the registered agont of the abo	ve named corporation, am familiar w	dth and accept the ob	ligations of Section 607.0505, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date				
11. Foes this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (Soe other side for information on intangible tax.)				
12. 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 filling 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 eath.				
SIGNATURE & BUSINES NAME OF BIGNING OFFICER OR DIRECTOR  Date  Daying Priors				