PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000056427 **DOCUMENT #**

1. Corporation Name

THORNTON FINANCIAL CORPORATION

Principal Place of Business

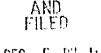
BACK MORTH CHEVALIER AVENUE

FOR

REINSTATEMENT

Mailing Address

8406 NORTH CHEVALIER AVENUE



1997 DEC -5 图 1: 四

SECRETARY OF STATE TALLAHASSEF, FLORIDA

SUITE M3 TAMPA FL 33604-2641			SUITE MS	SUITE M3 TAMPA FL 33604-2641							
		incorrect in any way, line									
				Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Fiorida 07/01/1996				
Suite, Apt. #, etc. Suite,				Apt. #, etc.			5. FEI Number Applied For				
City & State	9		City & Sta	City & State			59-3395059 Not Applicable				
Z ip		Country	Zip		Country	у	6. CERTIFICATE	OF STATUS DESIRED 🔀 \$8.	75 Additional Fee required or a Certificate of Status		
7. Names	and Street Add	lresses of Each Officer a	nd/or Director (Florida nonpro							
Title(s) 1 Name of Officers and/or Directors						eet Address of Each licer and/or Director se Post Office Box N		City / St	ate / Zip		
P	P Thornton, James			8400	8406 N. Chevalier Ave Am Tampa FL 133604-2641						
V	V Kharroshi, Karin			4902	4902 N. Madill Apt 1315 Tampa FL. 133614 000002368810- -12/10/97-01112-016						
							سية السية	-12/10/970	1112-016		
						⇔ a:	16-20 4 PANN	****750.00	12 14 16 19 19 19 19 19 19 19 19 19 19 19 19 19		
				REINSTATEMENT							
								+0002368 -12/10/970 ******8.75	1112017 ******8.75		
8. Name and Address of Current Registered Ager					nt 9. Name and Address of New Registered Agent Name						
THORNTON, JAMES 4302 GUNN HIGHWAY					Thornton, James Street Address (P.O. Box Number is Not Acceptable) 8 600 N. Chevalier Ave						
SUITE 1212					Sulte, Apt. #, Etc. AP4. M3						
TAMPA FL 33624					State Zip Code FL 33604-2641						
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 Date 12/2/97 REGISTERED AGENT MUST SIGN											
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)											
this rein	statement app	lication, the reason for di	ssolution has be	en eliminated,	the corpo	rate name satisfies	the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	401, F.S., that all fees		

SIGNATURE: Razim Thomseli Racim I. Kharrou 69 12/2/97 (813) 247-4667 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Desprime Priorie & X-318

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath