2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000048087

1. Entity Name
JIM THRIFT, INC.

FILED
06 OCT -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10032006 REIN-P CR2E098 (11/05)

Principal Place of Business	Mailing Address
19913 WEST NEWBERRY ROAD SUITE B NEWBERRY, FL 32669	19913 WEST NEWBERRY ROAD SUITE B NEWBERRY, FL 32669

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3454720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JED D
19913 WEST NEWBERRY ROAD
SUITE B
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRES MITCHELL, JED D 19913 WEST NEWBERRY ROAD, SUITE B NEWBERRY, FL 32669	☐ Delete	VICE PRES MITCHELL, DANA S. 17195 S.W. 135 LANE ARCHER, FL. 32618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	SEC. MORGAN, EVELYN H. 8589 S.E. 73 LANE NEWBERRY, Fla. 32618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	600080409116 10/03/06--01045--016 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jed Mitchell President 10/03/06 352-472-8823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Telephone Number