


pd Check # 3170

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 19 AM 9:29

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000006483**

1. Corporation Name

THOMPSON & THOMPSON FINANCIAL, INC.

2. Principal Office Address - No P.O. Box #

17036 FOX TRAIL LANE

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

3. Mailing Office Address

17036 FOX TRAIL LANE

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number
65-0892158

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

SHELLY THOMPSON

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

17036 FOX TRAIL LANE

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Shelly Thompson
REGISTERED AGENT MUST SIGN

Date **12/5/08**

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
P	SHELLY THOMPSON	17036 FOX TRAIL LANE	LOXAHATCHEE, FL 33470

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 contained in Chapter 119, 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:

Shelly Thompson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/08

Date

954-393-1022

Daytime Phone #