

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPROVED  
AND  
FILED

01 JAN 11 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-01/17/01--01013--002  
\*\*\*\*300.00 \*\*\*\*300.00

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2000 REINSTATEMENT 2001 VBR

DOCUMENT # P9900000 7546

1. Corporation Name  
Thomas Lumley Construction Inc.

2. Principal Office Address 2012 Lisenby Ave Suite, Apt. #, etc. Suite B City & State PANAMA CITY, FL Zip 32405 Country USA		3. Mailing Office Address P.O. Box 1427 Suite, Apt. #, etc. City & State LYNN HAVEN, FL Zip 32444 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 11/20/99

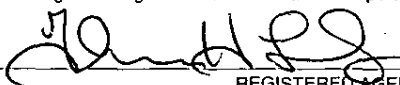
5. FEI Number 59-3554426  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Thomas H. Lumley  
Street Address (P.O. Box Number is Not Acceptable) 4209 Brewton Way  
Suite, Apt. #, Etc.  
City PANAMA CITY State FL Zip Code 32404

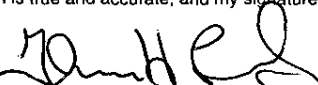
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 1-10-00  
REGISTERED AGENT MUST SIGN

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
Pres.	Thomas H. Lumley	4209 Brewton Way	Panama City, FL 32404

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 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:  Thomas H. Lumley 1-10-00 850-769-9033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

I, Thomas H. Humley, never received my  
2000 report.

THH

1-11-00