


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 DEC -3 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p99000049978			
1. Corporation Name Thompson Family Management, Inc.			
2. Principal Office Address 700 Wavecrest Drive Suite, Apt. #, etc. Unit 103 City & State Indialantic, FL Zip 32903		3. Mailing Office Address P.O. Box 4200 Suite, Apt. #, etc. City & State Indialantic, FL Zip 32903	
4. Date Incorporated or Qualified To Do Business in Florida 5/28/1999		5. FEI Number 59-3583039	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

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-12/10/01--01092--004
*****900.00 *****900.00
600004716996--0
-12/10/01--01092--005
*****8.75 *****8.75

7. Name and Address of Current Registered Agent		
Name S. Ronald Thompson		
Street Address (P.O. Box Number is Not Acceptable) 700 Wavecrest Drive, Unit 103		
Suite, Apt. #, Etc.		
City Indialantic,	State FL	Zip Code 32903

8. If 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 S. Ronald Thompson Date 11/13/01
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
P/D	S. Ronald Thompson	700 Wavecrest Dr. Unit 103	Indialantic, FL 32903
S/T	Jennifer Thompson	700 Wavecrest Dr. Unit 103	Indialantic, FL 32903

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: Jennifer Thompson, Secretary Date 11/13/01 404-705-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 101 78

CR2E081 (9/00)