


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                                   |  FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |                       |
|---|-----------------------------------|---|-----------------------|
| DOCUMENT # p99000049978   |                                   |   |                       |
| 1. Corporation Name<br>Thompson Family Management, Inc.   |                                   |   |                       |
| 2. Principal Office Address<br>700 Wavecrest Drive<br>Suite, Apt. #, etc.<br>Unit 103<br>City & State<br>Indialantic, FL<br>Zip<br>32903  |                                   | 3. Mailing Office Address<br>P.O. Box 4200<br>Suite, Apt. #, etc.<br>City & State<br>Indialantic, FL<br>Zip<br>32903  |                       |
| 4. Date Incorporated or Qualified<br>To Do Business In Florida 5/28/1999  |                                   | 5. FEI Number<br>59-3583039   |                       |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                   | Applied For<br>Not Applicable   |                       |
| \$8.75 Additional Fee required<br>for a Certificate of Status   |                                   |   |                       |
| 7. Name and Address of Current Registered Agent<br>Name<br>S. Ronald Thompson<br>Street Address (P.O. Box Number is Not Acceptable)<br>700 Wavecrest Drive, Unit 103<br>Suite, Apt. #, Etc.<br>City<br>Indialantic, FL<br>State<br>FL<br>Zip Code<br>32903  |                                   |   |                       |
| 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.<br>Signature of Registered Agent <u>S. Ronald Thompson</u> Date 11/13/01<br>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: <u>Jennifer Thompson</u>   |                                   | Date 11/13/01 404-705-6500  |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Daytime Phone #   |                       |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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