

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 21 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V40631

1. Corporation Name THZBERG CORPORATION

Principal Place of Business Mailing Address  
1906 Candlewood Dr  
Navarre, FL 32566

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-92

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/1/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 523124371	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Director	Lawrence E. Campbell Jr.	1906 Candlewood Dr Navarre FL	Navarre FL 32566
Director	Cindy Berg	159 Richbourg Ave	Shalimar FL 32579

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B/M/C

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lawrence E. Campbell Jr. Cindy Berg 1906 Candlewood Dr 159 Richbourg Ave Navarre, FL 32566 Shalimar FL 32579		Name Lawrence E. Campbell Jr. Street Address (P.O. Box Number is Not Acceptable) 1906 Candlewood Dr Suite, Apt. #, Etc. City Navarre FL State FL Zip Code 32566	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Lawrence E. Campbell  
REGISTERED AGENT MUST SIGN

Date 11/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Lawrence E. Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/7/97  
Daytime Phone # (850) 882-9742

CR2E040 (12/96)