

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 10 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*



**REINSTATEMENT 1999**

DOCUMENT # **F98000006720**

1. Corporation Name

**THOMRIC COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1774  
VALDOSTA GA 31603-1774

P.O. BOX 1774  
VALDOSTA GA 31603-1774

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/09/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		58-2414164	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	MACERA, THOMAS	11515 GROVEWOOD BLVD.	LAND O LAKES FL 34639
VS	COOPER, RICHARD	202 WORTHINGTON PLACE	VALDOSTA GA 31602
			500003103585--5 -01/20/00--01011--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MACERA, THOMAS  
11515 GROVEWOOD BLVD.  
LAND O LAKES FL 34639

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
	Zip Code

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 *THOMAS MACERA* Date 12-7-99  
REGISTERED AGENT MUST SIGN

11. 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 MACERA* Date 12-7-99 Daytime Phone # 912-245-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/99)