

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 12 PM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000004521**

1. Corporation Name

**THOMAS GROUP HOME, INC.
3625-27 NW 187 STREET
MIAMI, FL 33055**

2. Principal Office Address

3625-27 NW 187 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33055

Country

USA

3. Mailing Office Address

3625-27 NW 187 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33055

Country

USA

700024458677
11/06/03-01002-015 *165.00

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 1/14/2002

5. FEI Number 04-3582890 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

CAROL THOMAS

Street Address (P.O. Box Number is Not Acceptable)

3625-27 NW 187 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/25/03**

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	CAROL THOMAS	3625-27 NW 187 STREET MIAMI, FL 33055	MIAMI, FL 33055

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/28/03**

Daytime Phone # **754-422-3264**

CR2E081 (10/02)