

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058669**

1. Corporation Name

**TOMBSTONE ASSOCIATES, INC.**

Principal Place of Business

306 WICKLIN BV  
LANTANA FL 33462

Mailing Address

306 WICKLIN BV  
LANTANA FL 33462



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/27/1995

5. FEI Number

65-0599399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
D	DEVELLIS, COSMO	1314 SKYLARK LANE	LANTANA FL 33462
D	Devellis III, Cosmo	5092 Ouachita Drive	LaKewood, FL 33467

100009794911  
01/03/03--01005--004 \*\*150.00

8. Name and Address of Current Registered Agent

DEVELLIS, COSMO  
1314 SKYLARK LANE  
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/12/02

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:

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

Date 12/12/02  
Daytime Phone #

CF2E040 (8/02)

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# T.A. Inc.

**Cosmo DeVellis**  
**President**

1314 Skylark Lane \* Lantana, Florida 33462  
Phone (561) 540-4484 \* Facsimile (561) 540-2598 \* Mobile (561) 602-9737

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CONSTRUCTION \* CONSULTING \* DESIGN

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## *Memo*

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**Date:** 12/12/02

**To:** Department of State

**Description of Work:** Corporation Renewal

Please be advised that I have not received any of the UBR notices that were supposed to have been sent to me. Please re-instate my corporation as soon as possible.

Thank you for your assistance.

Cosmo DeVellis, director