

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

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

*[Handwritten Signature]*



**REINSTATEMENT** 1999

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

12/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2414164

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
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  
**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.

Signature of  
Registered Agent

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12-7-99

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:

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

12-7-99  
Date

912-245-7200  
Daytime Phone #

CR2ED40 (8/99)