

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000059805

**Entity Name:** TOM FLEMING ENTERPRISES, INC.

**Current Principal Place of Business:**

C/O ANDREW LYNCH Q  
809 FLORIDA AVE.  
ST. CLOUD,, FL 34769

**Current Mailing Address:**

C/O ANDREW LYNCH Q  
809 FLORIDA AVE.  
ST. CLOUD,, FL 34769 US

**FEI Number:** 46-0710170

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLEMING, THOMAS  
809 FLORIDA AVENUE  
ST. CLOUD, FL 34769 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** THOMAS FLEMING

04/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            FLEMING, THOMAS  
Address        809 FLORIDA AVENUE  
City-State-Zip: ST. CLOUD, FL 34769

Title            VP  
Name            LYNCH, ANDREW R  
Address        809 FLORIDA AVENUE  
City-State-Zip: ST. CLOUD, FL 34769

Title            VP  
Name            LYNCH, ANDREW  
Address        809 FLORIDA AVE.  
City-State-Zip: ST. CLOUD FL 34769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS FLEMING

**PRESIDENT**

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date