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DOCUMENT # 401908

THOMAS ACRES, INC.

Zip	Country
34446	US

000340660430  
02/12/20--01010 -029 \*908.75

CR2E081 (11/10)

5. FEI Number 59-1430245	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
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State	Zip Code
FL	32746

# REINSTATEMENT

2019-2020

Date 2/11/2020

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	DONNA R. THOMAS	1521 W OAK PARK BLVD	HOMOSASSA, FL 34446
P, S	COLLEEN T. SCHEEL	18130 NE 35TH STREET	WILLISTON, FL 32696
VP	JOHN L. THOMAS	6091 PLEASANT GROVE RD.	INVERNESS, FL 34452

FEB 12 2020

M. WILLIAMS

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

I, Charles E. Smith

2/11/2020 3526653457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_