PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM											
			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			ELED 2020 FEBIL PM 6: 26					
DOCUMENT # イロレダC 8 1. Corporation Name							SECRE AND OF STATE TALLARASSEE, FL				
THOMAS ACRES, INC.											
							UENDCH/NEFND4.30 32/13/2001010-029 -00608.75				
2. Principal Office Address - No P.O. Box # 3. Mailing					Address		1 () <u>1</u> ()	- 1010-1010 	નાટ્લ જ	*500, Po	
1521 W. OAK PARK BLVD.				1521 W. OAK PARK BLVD.							
Suite, Apt.	#, etc.			Suite, Apt #, etc	ot #, etc			CR2E081 (11/10) 4. Date incorporated or Qualified			
City & State				City & State				iness in Florida	05/24/1	972	
HOMOSASSA, FL				HOMOSASSA, FL			5. FEI Number 59-1430245 Applied For				
Zip				Ztp Country		ry	6.			Not Applicable	
344	34446 US			34446 US		S	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Name and Address of Current Registered Agent											
J. STEPHEN PULLUM											
Street Address (P.O. Box Number is Not Acceptable) 250 INTERNATIONAL PKWY							REINSTATEMENT				
Suite, Apt. #, Etc.											
SUITE 250					State FL	Zip Code 32746	209-2020				
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							Date 2/11/2020				
REGISTERED AGENT MUST SIGN											
9. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors) Trace Name of Street Address of Each											
Titles		Officer	s and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
Ť	DONNA R. THOMAS			15	1521 W OAK PARK BLVD			HOMOSASSA, FL 34446			
P, S	COLLEEN T. SCHEEL				18130 NE 35TH STREET			WILLISTON, FL 32696			
VP	JOHN L. THOMAS			60	6091 PLEASANT GROVE RD.			INVERNESS, FL 34452			
			<u>_</u>					F	EB 12	2020	
								M.	WILL	IAMS	
10. E-mail Address: STEVE@PULLUMANDPULLUM.COM											
(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 then plid 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 amaware that filse information submitted infacocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:											
	SIGNATION:										