

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:29

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556084 (2)

1. Corporation Name

THOMAS AUTO SALES, INC

2. Principal Office Address

4542 GALL BLVD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL.

Zip

33542

Country

U.S.

3. Mailing Office Address

4542 GALL BLVD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33542

Country

U.S.

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 4, 2005

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CLAUDE E. THOMAS

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

38827- PALM ST

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33545

500056113503
06/13/05--01033--001 **\$00.00

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

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CLAUDE E. THOMAS	38827 PALM ST.	DADE CITY, FL. 33545
VP	WADE THOMAS	31053 LAKESIDE LANE	DADE CITY, FL. 33543
SECT.	LAURIE C. THOMAS	38827 PALM ST.	DADE CITY, FL. 33545

10. 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:

Claude E. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/05

Date

352-561-7329

Daytime Phone #

CR2E081 (01/05)