

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 17 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 556084

1. Corporation Name

Thomas Auto Sales, Inc.

2. Principal Office Address - No P.O. Box #

13815 21st Street

Suite, Apt. #, etc.

City & State

Dade City

Zip

33525

Country

USA

3. Mailing Office Address

13815 21st Street

Suite, Apt. #, etc.

City & State

Dade City

Zip

33525

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/2005

5. FEI Number
03-0567078

☐ 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)

36827 Palm Street

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Claude E Thomas

REGISTERED AGENT MUST SIGN

Date 04/02/2009

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
DP	Claude E Thomas	36827 Palm Street	Dade City/FL/33525
DMVP	Shannon K Bodi	11109 Fort King Road	Dade City/FL/33525
DST	Laurie K Thomas	36827 Palm Street	Dade City/FL/33525
	REINSTATEMENT	RH	

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 contained in Chapter 119, 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

Claude E Thomas

04/02/2009

813-714-3581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #