PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 12 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000202

1. Corporation Name
Tom James Company

REINSTATEMENT 10/12/04 96-04

2. Principal Office Address	**3.** Mailing Office Address
263 Seaboard Lane	263 Seaboard Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Franklin, TN	City & State: Franklin, TN
Zip: 37067 Country: U.S.A.	Zip: 37067 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1995

5. FEI Number: 35-1285878 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

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Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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 _____ REGISTERED AGENT MUST SIGN

JENNIFER FAULTMAN
ASSISTANT SECRETARY

Date: 10-8-04

CR2E081 (01/04)

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
Pres	Sergio Casalena	411 N. Cranberry Rd.	Westminster, MD 21157
Sec	Walter L. Salyer	263 Seaboard Lane	Franklin, TN 37067
Dir	Robert Sherrer	424 S. Lynn Riggs Blvd.	Claremore, OK 74
Dir	Sergio Casalena	411 N. Cranberry Rd.	Westminster, MD 21157
Dir	James P. Williams	263 Seaboard Lane	Franklin, TN 37067

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: Walter L Salyer Walter L. Salyer 10-6-04 (615)771-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #