PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETIN	IG THIS FORM.	
APPLICATION FOR REINSTATEMENT	ORI		NT OF STATE		FILED	•
DOCUMENT #				97 JUN 24 PM 2: 50		
1. Corporation Name Tomco Investments, Inc.						
Tomes more	42) (N)	.		T,	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				-		
672 93rd Aug N.	Ber 9		. 4			
NAPLES, FL 34/09	NAPIE	s. Fc	34101			
If above addresses are incorrect in any way, line	through incorrect l					_
New Principal Office Address, If Applicable	3. New Mail	ling Office Address, If	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 04-/8-83		
Suite, Apt. #, etc. City & State	, etc.		5. FEI Number	342658 Applied For Not Applicable		
City & State City & State Zip Country Zip		Countr	у	6.	S8.75 Additional Fee requir	ed
7. Names and Street Addresses of Each Officer a	nd/or Director (Fk	orida nonprofit corpora	ations must list at le	<u> </u>	for a Certificate of Status	
Title(s) Name of Officers Street Address Officer and/or Directors 3 (Do NOT Use Post Officer and/or Us				h r	City / State / Zip	7
Pres. Anthony Marco	HPSE	674 9	3 W 410	N. 70	NAPIES EL 34/0 100022351176 -07/10/9701062025 ***1386.25 ***1386.25	9
2012 of At		REINSTATE WENT 85 -				
ON				-	6-24-97	
Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent h thon y Marchese		
SAM AS ABOVE			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
City Na				0 los	State Zip Code 109	
10. I, being appointed the edistered agent of the	above named corp	poration, am familiar w	ith and accept the d	bligations of Section	n 607.0505, F.S.	
Signature of Registered Agent	REGISTERED A	GENT MUST SIGN	* ;	· · · · · · · · · · · · · · · · · · ·	Date 6/17/9)	
11. Does this corporation pay Dept. of Revenue under	any intan 3. 199.032	gible tax to th , Florida Stat	ne utes. Yes	No [(See other side for information on intangible tax.)	
this reinstatement application, the reason for d	ssolution has beei he names of indivi	n eliminated, the corp duals listed on this for	orate name satisfier m do not qualify for	s the requirements o r an exemption unde	ter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees or section 119.07(3)(i), F.S. The information indicate	đ
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF	BIGNING OFFICER OR	DIRECTOR	6/1	7/97 597-2945 Date Daytime Phone #	