

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \$983.75

APPLICATION
FOR 93-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1110.00

97 AUG 18 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H44605
1. Corporation Name T. P. HENRY, INC.

Principal Place of Business Mailing Address
300 KNOWLES AVE P.O. BOX 3766
WINTER PARK, FL. WINTER PARK, FL.
32790

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
300 KNOWLES AVE
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable
P.O. BOX 3766
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 1985

City & State
WINTER PARK, FL.
Zip 32790 Country ORANGE

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WINTER PARK, FL.
Zip 32790 Country ORANGE

5. FEI Number 59-2500533
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	THOMAS HENRY	300 KNOWLES AVE	WINTER PARK, FL. 32790
SECRETARY	THOMAS HENRY	300 KNOWLES AVE.	WINTER PARK, FL. 32790

REINSTATEMENT 93-97

Q. Alan
8/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS HENRY
300 KNOWLES AVE.
WINTER PARK, FL. 32790

Name
Street Address (P.O. Box Number is Not Acceptable) 300000272319--2
Suite, Apt. #, Etc. -08/20/97-01069-010
City ***1410.00 ***1410.00
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date 6-17-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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 been paid. 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

6-17-97 145 X 29

CR2E040 (12/95)