

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J81154

1. Corporation Name

TOM'S SMALL ENGINE REPAIR, INC.

Principal Place of Business

8120 LONE STAR RD.
JACKSONVILLE FL 32211

Mailing Address

8120 LONE STAR RD.
JACKSONVILLE FL 32211



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1987

5. FEI Number

59-2838417

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WALLACE, THOMAS M.	575 MCKINLY MATTOX RD	PERRY FL 32347
DST	WALLACE, PHYLIS K.	575 MCKINLY MATTOX RD	PERRY FL 32347

8000008581778

10/25/02--01008--021 **150.00

10/21/02

8. Name and Address of Current Registered Agent

WALLACE, THOMAS M.
575 MCKINLY MATTOX RD
PERRY FL 32347

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

Thomas M. Wallace
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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:

Thomas M. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 904 725 9203

CR2E040 (8/02)

TOM'S SMALL ENGINE REPAIR INC
8120 LONE STAR RD
JACKSONVILLE FL 32211
PH # 904-725-8203
FAX # 904 720-5444

October 22, 2002

State of Florida
Department of state

Dear Sir or Madam:

Per our conversation, I am submitting a letter to inform you that I did not receive any prior notice concerning

My corporation. Also I am remitting the amount that you quoted me of \$150.00 for the reinstatement of my

Corporation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tom Wallace".

Tom Wallace DP