

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 MAR 15 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** J9764880N DEVELOPMENT CORP.

**1. Corporation Name**

TOMLINSON DEVELOPMENT CORP.

**2. Principal Office Address**

7284 W. Palmetto Park Road

Suite, Apt. #, etc.

Suite 102

City & State

Boca Raton, FL

Zip

33433

Country

USA

**3. Mailing Office Address**

2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 4100

City & State

Fort Lauderdale, FL 33309

Zip

33309

Country

USA

**REINSTATEMENT**

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

10/16/1987

**5. FEI Number**

650046128

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

ROBERTYS. FORMAN, ESQUIRE

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

2101 West Commercial Blvd.

Suite, Apt. #, Etc.

Suite 4100

City

Fort Lauderdale

State

FL

Zip Code

33309

100003892871-8

03/22/01 01065 021

\*\*\*\*908.75 \*\*\*\*908.75

**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

Date 3/6/2001

**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
P/D	Harold L. Tomlinson	7284 W. Palmetto Park Road	Boca Raton, FL 33433
			LS

**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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Harold L. Tomlinson, President

3/6/2001

Date

561-393-7474

Daytime Phone #

CR2E081 (9/00)