

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 15 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K12666**

1. Corporation Name

John P. Thomas Enterprises, Inc.

100006452821--8
-07/16/02--01055--013
***2442.50 ***2442.50

REINSTATEMENT 89-02

2. Principal Office Address

5201 N. Davis Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Zip

32503

Country

Escambia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1988

5. FEI Number

59-2880969

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

John P. Thomas

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

5201 N. Davis Hwy.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

John P. Thomas

REGISTERED AGENT MUST SIGN

Date **07/12/2002**

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
D	John P. Thomas	5201 N. Davis Hwy	Pensacola, FL 32503

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)(f), 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

John P. Thomas

John P. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/2002

Date

850-476-0947

Daytime Phone #