

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **RL4031**

1. Corporation Name

Thomas F. Byrne Organization, Corp.

Principal Place of Business  
5830 Bent Pine Drive  
Vero Beach, FL 32967

Mailing Address  
5830 Bent Pine Drive  
Vero Beach, FL 32967

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

FILED

99 DEC 30 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida **2/2/89**

5. FEI Number

Applied For

**59-2933859**

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| Pres.         | Thomas F. Byrne, III                      | 5830 Bent Pine Drive   | Vero Beach, FL 32967    |
| VP            | Suzanne T. Sabanas-Byrne                  | 5830 Bent Pine Drive   | Vero Beach, FL 32967    |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

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-01/12/00--01093--018  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eugene J. O'Neill  
979 Beachland Blvd.  
Vero Beach, FL 32963

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.

Signature of  
Registered Agent

*Eugene J. O'Neill*  
REGISTERED AGENT MUST SIGN

Date

**12/29/99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

*Suzanne T. Sabanas-Byrne, V.P.*  
Suzanne T. Sabanas-Byrne, V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/29/99 201-818-7891**