

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016577

Name and Mailing Address

0010815 01 AT 0.292 **AUTO TO 0 0615 34233-210520



THOMSON LIMITED, LLC.
3620 ASTER DR
SARASOTA FL 34233-2105



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/01/2002

Principal Place of Business

3620 ASTER DR
SARASOTA FL 34233

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

331061863

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

THOMSON, LINDA
3620 ASTER DR
SARASOTA FL 34233

9. Name and Address of New Registered Agent

Name

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

000023986180
10/21/03--01139--018 **155.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Linda Thomson
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	Gerald Thomson	3620 Aster Dr	Sarasota, FL 34233
mgr	Linda Thomson	3620 Aster Dr	Sarasota, FL 34233

REINSTATEMENT

03-05
dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Linda Thomson

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager