

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **L38796**

00 OCT 24 PM 3:02

1. Corporation Name

THELMA DREYER & ASSOCIATES, INC.

Principal Office of Business

Mailing Address

201 N. FRANKLIN STREET
 SUITE 1775
 TAMPA FL 33602
 US

201 N. FRANKLIN STREET
 SUITE 1775
 TAMPA FL 33602
 US

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/28/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2982151

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	DREYER, THELMA H.	201 N. FRANKLIN STREET, SUITE 17	TAMPA FL

000003457670-2
 -11/08/00--01079--011
 ****750.00 ****750.00

AB 11/2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DREYER, THELMA H.
 201 N. FRANKLIN STREET
 SUITE 1775
 TAMPA FL 33602

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

Thelma H. Dreyer
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/17/00

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:

Thelma H. Dreyer
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
 Date

813-229-1545
 Daytime Phone #

THELMA H. DREYER

CR2E040 (8/00)