

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

97AR
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85517**

1. Corporation Name

THOMAS & THOMAS VENTURES, INC.

Principal Place of Business

2120 CORPORATE SQUARE BLVD

JACKSONVILLE FL 32210

Mailing Address

2120 CORPORATE SQUARE BLVD

3015 HARTLEY RD., SUITE 2B
JACKSONVILLE FL 32216

US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

16

City & State

Jacksonville, FL
Zip 32216 Country Duval

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

16

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1990

5. FEI Number

59-3026634

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	THOMAS, MARGARET	1553 HARBOR CLUB DRIVE	PONTE VEDRA BEACH FL 32082
DVP	THOMAS, MARGARET	1553 HARBOR CLUB DRIVE	PONTE VEDRA BEACH FL 32082
			800002338888--9
			-11/05/97--01068--004
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

THOMAS, MARGARET
1553 HARBOR CLUB DR.
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

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

Margaret Thomas
REGISTERED AGENT MUST SIGN

Date 10/24/97

11. This corporation owes or has paid 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:

Margaret Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97 904-724-
Date Daytime Phone #

6517

CR2EC60 (6/97)