

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000002085

1. Corporation Name

ST. THOMAS COMMUNITY SERVICES, INC.

Principal Place of Business

805 GLENN PARK WAY
HOLLYWOOD FL 33021

Mailing Address

805 GLENN PARK WAY
HOLLYWOOD FL 33021

REINSTATEMENT



300024767263

11/17/03--01109--020 **236.25

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1995

5. FEI Number

65-0583711

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	4 City / State / Zip
PSD	PYNGOLIL, JOY	5900 SW 17 CT	PLANTATION FL 33317
SD	ALIAS, P A	2330 NW 139 AVE	SUNRISE FL 33323
D	JOSEPH, C D	980 NE 170 ST #208	MIAMI FL 33162
SD	PARATHUNDIL, SAM V	6700 WEDGEWOOD AVE	DAVIE FL 33331
SD	VARSHESI, MATHEW	7127 NW 44 ST	CORAL SPRINGS FL 33065
PD	Baby Thomas	12527 NW 89 Manor	Pembroke Pines 33028

8. Name and Address of Current Registered Agent

PYNGOLIL, JOY
805 GLENN PARK WAY
HOLLYWOOD FL 33021

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03

CR20040 (7/03)