


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P00000062415**

1. Corporation Name
JAMES F. THOMAS CONTRACTORS AND ENGINEERS, INC.


Principal Place of Business	Mailing Address
6851 SW 21ST COURT #14 FORT LAUDERDALE FL 33317	6851 SW 21ST COURT #14 FORT LAUDERDALE FL 33317

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
	6900 SW 21 CT.
Suite, Apt. #, etc.	SUITE ONE
City & State	DAVIE, FL
Zip	33317
Country	US

4. Date Incorporated or Qualified To Do Business in Florida	06/27/2000
5. FEI Number	65-1021814
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

FILED
 01 OCT 22 PM 3 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	THOMAS, JAMES F	6851 SW 21ST COURT #14	FORT LAUDERDALE FL 33317
			200004669042--4 -11/06/01--01056--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CLARK, THOMAS M 2400 E. COMMERCIAL BLVD. #820 FORT LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 *[Signature]* REGISTERED AGENT MUST SIGN Date 10/15/01

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/01 Daytime Phone #

CR2E040 (8/01)