

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD00000062531

1. Corporation Name

THOMAS, DURAN ASSOCIATES, INC.

REINSTATEMENT 03

2. Principal Office Address

1367 E. LAFAYETTE ST.

Suite, Apt. #, etc.

SUITE A.

City & State

TALLAHASSEE, FLA.

Zip

32301

Country

USA

3. Mailing Office Address

1367 E. LAFAYETTE ST.

Suite, Apt. #, etc.

SUITE A.

City & State

TALLAHASSEE, FLA.

Zip

32301

Country

USA

300023403693

09/29/03--01086--011 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

6-27-2000

5. FEI Number

593658456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER D. THOMAS

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

1367 E. LAFAYETTE ST.

Suite, Apt. #, Etc.

SUITE A.

City

TALLAHASSEE

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Peter D Thomas

REGISTERED AGENT MUST SIGN

Date 9-26-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	DOROTHY B. DURAN	2417 MONACO DR.	TALLAHASSEE, FL. 32308
Vice Pres.	TOD M. THOMAS	1006 IVANHOE RD.	TALLAHASSEE, FL. 32302
Secy/Treas	PETER D. THOMAS	8103 ARCHER PASS	TALLAHASSEE, FL. 32309

10. 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:

Peter D Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03 850-671-2055

Date

Daytime Phone #

CR2E081 (10/02)

JK 1/30