PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

)96	,
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1. Corporation Name

THOMAS WALLING, INC.

Principal Place of Business

Mailing Address

1227 WING ROAD PALM BAY FL 32908 -- 1227 WING ROAD --

PALM BAY FL 32908

FILED

02 NOV -4 PM 2: 10

TALLAHASSEE. FLORIDA



	sses are incorrect in any way, line thro Office Address, If Applicable					w.					
2706	PLANET AVE S	E 270	ng Office Add 16 PL		Applicable T AVE	- 5	4. Date Incorp. To Do Busir	orated or Qua less in Florida	alified a 08 ,	/23/200	o
Suite, Apt. #, etc	BAY FLORIDA	Suite, Apt. #, 6	n BA	y F	LORID	A	5. FEI Number	59-366	7054		Applied For
City & State	9776	City & State	2909	027	6	4	~.	_09-300	/,UO4.	1	Not Applicable
Zip	Country	Zip	<u> </u>	Country	ZEVAR	7	6. CERTIFICATE	OF STATUS D	DESIRED \$8.7	5 Addition or a Certific	nal Fee required cate of Status
7. Names and S	Street Addresses of Each Officer and/o	r Director (Flori	da nonprofit	corporat	ions must list	at lea	ist 3 directors)				
Title(s)	Name of Officers and/or Directors		3	Stre	et Address of cer and/or Dir	Each		4	City / Sta	te / Zip	
P W/	ALLING, THOMAS W		1227 WIN	IG ROA	 D			PALM BA	Y FL 32908		
PIS						A	VENUE		M BAY	FL	32909
										,	
							3C 11/04,	1000: 10201	37900)96003	43 **150	.00
			•	W	1/4		***				
	9 Name and Address of Current De	salatored Agen	•				O Name and A		D 1 1		
8. Name and Address of Current Registered Agent Name							9. Name and A	agress of N	ew Registered A	gent	
SMITH, ST				THO	M	AS W.	WALL	-ING			
1900.S.HARBOR.CITY.BLVD.STE.227———————————————————————————————————					2700	SS (P.	O. Box Number i	s Not Accept.	able) SE		32F24
					Suite, Apt. #,	Etc.	BAY			· · · · · · · · · · · · · · · · · · ·	
				.	City		<u> </u>		State	Zip Code	909
10. I, being appo	pinted the registered agent of the above	named corpora	ation, am far	niliar with	and accept ti	he ob	ligations of Section	on 607.0505,	F.S. or 617.0505,	, F.S.	
		V)								
Signature of Registered Agent	SIGNAZ	ASTEHED AGE	— } ———		IREC)		Date	10/29	102	
this reinstaten owed by the c	am an officer or director or the receive ment application, the reason for dissolu corporation have been paid and the na ation is true and accurate, and my sign	tion hat been el mes of individua	liminated, th als listed on	e corpora this form	ate name satis do not qualify	sfies ti / for a	he requirements of the contract of the contrac	of section 607	7.0401 or 617.040	1. F.S., th	at all fees

SIGNATURE: SIGNATURE AND TWEED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR 10/29/02 321-726-8308 Date Daytime Phone #



Thomas Walling, Inc. 2706 Planet Avenue SE Palm Bay, Fl. 32909-9226 Phone/FAX 321-726-8308 Email: thom@webarrange.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

In accordance with the Notice of Administrative Dissolution or Revocation form received in the month of October 2002, this letter serves as notification that the two prior UBR notices were not received by our company.

In January of 2002 we moved locations from:

1227 Wing Rd. SW Palm Bay, Florida 32908 as noted on the application for reinstatement to our <u>new</u> address::

2706 Planet Avenue SE Palm Bay, Florida 32909-9226

Phone: 321-726-8308 Fax: 321-726-8308

The notices that were sent may have been lost in the mail during our move and were not forwarded to us correctly.

I respectfully request the pending penalties be waived in lieu of these circumstances. Enclosed you will find a check for payment of a \$150.00 for the appropriate UBR filing fee for the year 2002.

Should there be any questions please contact me immediately at the address and/or telephone number(s) provided.

Thank you for your consideration of this matter.

Sincerely,

Thomas Walling

CEO Thomas Walling, Inc.

Attachment: Check # 1718 in the amount of \$150.00

Affix Seal if appropriate:

