

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081556

1. Corporation Name

THOMAS RYAN ASSOCIATES, INC.

Principal Place of Business

252 W. MARION AVE
PUNTA GORDA FL 33950

Mailing Address

~~252 W. MARION AVE~~
~~PUNTA GORDA FL 33950~~



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

Jack O. Hackett, Esquire

Suite, Apt. #, etc.

99 Nesbit Street

City & State

Punta Gorda, FL

Zip

33950

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2000

5. FEI Number

65-1040567

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
D	GADBOIS, SHANNON	433 EAST CASHEW	PUNTA GORDA FL 33955

700008816007
11/06/02--01006--004 **158.75

8. Name and Address of Current Registered Agent

~~WOITZKY, HAL F ESQ.~~
~~223 TAYLOR ST.~~
~~PUNTA GORDA FL 33950~~

9. Name and Address of New Registered Agent

Name

Jack O. Hackett, Esquire

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

99 Nesbit Street

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

CR2E040 (8/02)

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

Jack O. Hackett

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Shannon Gadbois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

10/23/02

Date

Daytime Phone #

10/23/02

THOMAS RYAN ASSOCIATES, INC.
252 W. Marion Avenue
Punta Gorda, FL 33950

October 23, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

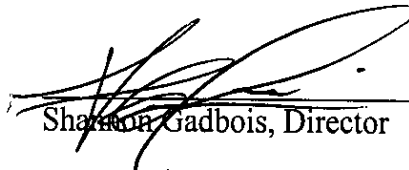
Dear Clerk:

This correspondence is to confirm that I did not received the two 2002 UBR notices for filing the 2002 corporate annual business report for Thomas Ryan Associates, Inc.

It is my intention that Thomas Ryan Associates, Inc. remain an active corporation in the State of Florida and therefore request to reinstate the corporation by filing the completed application for reinstatement, attached herewith.

THOMAS RYAN ASSOCIATES, INC.,
a Florida corporation

By:


Shannon Gadbois, Director