

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 22 PM 12:41

DOCUMENT # P0000095151

1. Corporation Name

Tommy Gentry Enterprises, Inc.

2. Principal Office Address - No P.O. Box #
21044 Leonard Rd.

3. Mailing Office Address
P.O. Box 2061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Land O' Lakes

City & State
Lutz, FL

Zip
34639

Country
Pasco

Zip
33548-2061

Country
Hillsborough

900156298449
05/22/09--01009--003 ***450.00

REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified
To Do Business in Florida 10/09/2000

5. FEI Number
59-3319066

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
Tommy W. Gentry

Street Address (P.O. Box Number is Not Acceptable)
21044 Leonard Rd.

Suite, Apt. #, Etc.

City
Land O' Lakes

State
FL

Zip Code
34639

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tommy W. Gentry
REGISTERED AGENT MUST SIGN

Date May 13th, 2009

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
P	Tommy W. Gentry	21044 Leonard Rd.	Land O' Lakes, FL 34639

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 contained in Chapter 119, 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:

Tommy W. Gentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/09
Date

813-235-9147
Daytime Phone #