

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 11:04

DOCUMENT # P00000 104753

1. Corporation Name

TOMCO, INC

2. Principal Office Address

233 Crockett Blvd

Suite, Apt. #, etc.

City & State

Merritt Island FLA

Zip

32953

Country

Brevard

3. Mailing Office Address

233 Crockett Blvd

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, Fla

Zip

32953

Country

Brevard

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-8-2000

5. FEI Number

59-3683152

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

Thomas Myers

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

2370 N. Tropical Tr

Suite, Apt. #, Etc.

Merritt Island

City

FLA

900004649469-7

-10/23/01--01024--014

****750.00 ****750.00

State

FL

Zip Code

32953

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

Thomas R Myers

REGISTERED AGENT MUST SIGN

Date 10-10-01

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
Pres			
VP	Thomas Myers	2370 N. Tropical Tr	Merritt Island, Fla 32953
CEO			
Sec			
Treas			

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:

Thomas R Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01

Date

321-459-9771

Daytime Phone #

CR2E081 (9/00)