

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108496

1. Corporation Name **SUEANNE EATON THOMAS, P.A.
2888 Lake Valencia Blvd. East
Palm Harbor, FL 34684**

2. Principal Office Address **2888 Lake Valencia Blvd East** 3. Mailing Office Address **2888 Lake Valencia Blvd East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor FL

Palm Harbor FL

Zip

Country

Zip

Country

34684 Pinellas

Pinellas

34684

Pinellas

4. Date Incorporated or Qualified To Do Business in Florida **11/21/2000**

5. FEI Number **59-3675421**

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

SUEANNE EATON THOMAS

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

2888 Lake Valencia Blvd. East

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

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 **Sueanne Eaton Thomas**

Date

8/12/04

REGISTERED AGENT MUST SIGN

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
DPST	Sueanne Eaton Thomas	2888 Lake Valencia Blvd. East	Palm Harbor, FL 34684

600040226166

08/17/04--01006--004 **1050.00

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:

Sueanne Eaton Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/04

Daytime Phone #

727-726-0118