

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 2:34

SECRET
DATE
1/10/2006

DOCUMENT # P01000000258

1. Corporation Name

JOHN R. THOMAS, INC.

900064895879
02/01/06--01075--003 **1058.75

CR2E081 (8/05)

2. Principal Office Address

11220 NW 122 TERRACE

Suite, Apt. #, etc.

City & State

ALACHUA, FL.

Zip

32615

Country

ALACHUA

3. Mailing Office Address

11220 NW 122 TERRACE

Suite, Apt. #, etc.

City & State

ALACHUA, FL.

Zip

32615

Country

ALACHUA

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

12-22-2000

5. FEI Number

593693976

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

JOHN R THOMAS III

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

11220 NW 122nd TERRACE

Suite, Apt. #, Etc.

City

ALACHUA

State

FL

Zip Code

32615

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

REGISTERED AGENT MUST SIGN

Date 12-30-05

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	JOHN R. THOMAS III	11220 NW 122nd TERACE	ALACHUA, FL 32615

B 1/23/06
REINSTATEMENT 104506

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352
12-30-05 538-4453