

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -4 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # P01000022224

1. Corporation Name

PETER THOMAS, INC.

2. Principal Office Address

1800 Sunset Harbour Drive

Suite, Apt. #, etc.

#1807

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1800 Sunset Harbour Drive

Suite, Apt. #, etc.

#1807

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/01

5. FEI Number

65-0796534

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

Louis J. Terminello, Esq.

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

Terminello & Terminello, P.A.

Suite, Apt. #, Etc.

2700 S.W. 37th Avenue

City

Miami,

State
FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/25/02

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.,	Hernandez, Nancy	1800 Sunset Harbour Drive	
Treas., Dir.		#1807, Miami Beach	Miami Beach, FL 33139
Vice-Pres.			
Sec., Dir.	Thomas, Peter	1800 Sunset Harbour Drive	
		#1807	Miami Beach, FL 33139

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)(f), 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

11/25/02

Date

(305) 444-5002

Daytime Phone #