

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 16 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064157

1. Corporation Name

THOMAS WOMACK UNDERGROUND, INC.

2. Principal Office Address

10109 TIKIMBER LANE

3. Mailing Office Address

10109 TIKIMBER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-01

5. FEI Number

59-3727779

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 WOMACK

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

10109 TIKIMBER LANE

Suite, Apt. #, Etc.

City

ORLANDO

200008375242--6
-10/15/02--01052--004
****750.00; ****750.00

State
FL

Zip Code

32825

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 A. Womack

REGISTERED AGENT MUST SIGN

Date 10/09/02

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
DP	THOMAS WOMACK	10109 TIKIMBER LANE	ORLANDO, FL 32825

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 A. Womack THOMAS G. WOMACK Oct 9, 02

Date

Daytime Phone #

407 736-1848

CR2E081 (9/01)