


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

04 MAR 19 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000001645

1. Corporation Name

THOMAS I MOORE INC.
5249 BROKEN ARROW
KISSIMMEE FL 34746

REINSTATEMENT

03-04

26-0002285

2. Principal Office Address

~~5249 Broken Arrow~~

3. Mailing Office Address

~~5249 Broken Arrow Dr.~~

Suite, Apt. #, etc.

~~None~~

Suite, Apt. #, etc.

~~None~~

City & State

KISSIMMEE

City & State

FL

Zip

34746

Country

Zip

34746

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 MOORE

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

~~5249 Broken Arrow Dr~~

Suite, Apt. #, Etc.

~~None~~

City

~~Kissimmee~~ FL

State

FL

Zip Code

34746

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 Moore (5249 Broken Arrow)

Date 2-05-04

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
CEO	TOM MOORE	5249 BROKEN ARROW DR	KISS FL
			34746

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 Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-05-04 (407 376-1844)

Date

Daytime Phone #

CR2E081 (10/02)

Thomas I. Moore Inc.

5249 Broken Arrow

Kissimmee, Florida

34748

Fax (407) 390-7032

Cell (407) 376-1844

tommoores54@hotmail.com

January 13, 2004

Department of State

Divisions of Corporations

409 East Gaines St.

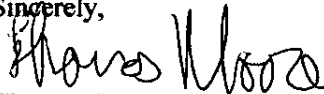
Tallahassee, FL

32399

To Whom It May Concern:

Due to moving and changing my physical address I did not receive the Reinstatement form. I have since called for information and was instructed to download the form from your web site. Attached please find the current documents required for filing my Corporation. Please consider waving the penalty fees due to my unique circumstances.

Sincerely,



Thomas Moore

President- TIM Inc.