PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

ູ_Gleກda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000016250 **DOCUMENT #**

1. Corporation Name

THINK TOMATO, INC

Principal Place of Business

Mailing Address

809 BÖKHARA PLACE SARASOTA FL 34232

809 BOKHARA PLACE

SARASOTA FL 34232

FILED

03 NOV -6 AM 9: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					 200024477772 11/96/93-61927-998-**159.99			
2. New Principal Office Address, I[Applicable 3, New Mailin 6811, 78 74 57 04 77 5			ng Office Address If	Applicable OUTH-	Date incorporated or Qualified To Do Business in Florida 02/12/2002			
					_5FEI.Numbe		Applied For	
City & State City & State FLORION City & State					0797995	Not Applicable		
33569 HILLS BOLOUGH. Zip 33569 HILLS ROLOUGH CERTIFICATE OF STATUS DESIRED Correlational for a Certificate								
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	BITHER, DONALD E		809 BOKHARA PLACE			SARASOTA FL 34232		
P	ALAN WARREN		1050 KENA LANE			SARASOTA FL 34240		
				· · · · · ·				
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
WARDEN ALAN								
WARREN, ALAN				Street Address (P.O. Box Number is Not Acceptable)				
809 BOKHARA PLACE SARASOTA FL 34232 Suite					Suite, Apt. #, Etc.			
<u> </u>				City RIVE	WEW	State FL	32198	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.								
Signature of $S(1/276)$								
Registered Agent Date Page REGISTERED AGENT MUST SIGN								
11. 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR