PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094263

1. Corporation Name

TOM WILSON, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
3610 URBAND LN.	PO Box 977
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: EATON PARK, FL
Zip: 33813 Country: USA	Zip: 33840 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-29-02

5. FEI Number: 38-365-8848 — 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: TOM E WILSON

Street Address (P.O. Box Number is Not Acceptable): 3610 URBAND LANE

Suite, Apt. #, Etc.:

05/07/04--01012--003 **450.00
800035731388
05/07/04--01012--003 **450.00

City: LAKELAND State: FL Zip Code: 33813

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: Tom E Wilson Date: 4-30-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	TOM E WILSON	3610 URBAND LN	LAKELAND, FL 33813
S+T	TOM E WILSON	3610 URBAND LN	LAKELAND, FL 33813

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: Tom E Wilson Pres. 4/30/04 863-644-1444 OR 863640-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #