PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

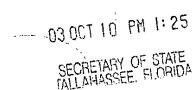
DIVISION OF CORPORATIONS

DOCUMENT # P02000130711

1. Corporation Name

SIGNATURE:

TERESA THOMAS GROUP HOME INC.



1							
Principal Place of Business Mailing Add		ess		}			
		319 33RD STREET NEST PALM BEACH FL 33407					
	00			DEIMIC	TATEMARA	\mathbf{r}	
If above addresses are incorrect in any way, line thro	ough incorrect in	nformation an	d enter correction below.	UEIIAO	TATEMEN	4,00	
		w Mailing Office Address, If Applicable			rated or Qualified ess in Florida 12	/12/2002	
Suite, Apt. **, etc. Suite		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State	City & State			82-0	588761	Not Applicable	
Zip Country	Zip		Country			75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		}	City / State / Zip		
P/V/D TERESA Thomas		819 33RD ST.			West Palm Beach, Fl 33407		
]					
		800023720298 10/10/0301088019 **758 75			98		
	-	 	 	10/10/1	<u> </u>	** ()5. ()	
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Registered	Agent	
			Name				
THOMAS, TERESA J 819 33RD STREET			Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
			Suite, Apt. #, Etc.				
TIEGT FALM DEACTIFE 33407							
·			City		State FL	Zip Code	
10. I, being appointed the registered agent of the about	ve named corpo	ration, am fai	miliar with and accept the ob	oligations of Sectio	n 607.0505, F.S. or 617.050	5, F.S.	
Signature of Registered Agent	Dom GISTERED AG	Q J ENT MUST S	BIGN		Date 10/8/03		
I certify that I am an officer or director or the receive this reinstatement application, the reason for dissourced by the corporation have been paid and the next of the corporation of the received the receiv	lution has been	eliminated, th	ne corporate name satisfies t	the requirements o	of section 607.0401 or 617.04	401, F.S., that all fees	

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