

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138501

1. Entity Name
THOMAS FLEMING, INC.



FILED

04 DEC -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2599 BRUNSWICK CT.
KISSIMMEE, FL 34743

Mailing Address
2599 BRUNSWICK CT.
KISSIMMEE, FL 34743

2. Principal Place of Business
227 MAGICAL WAY
Suite, Apt. #, etc.

3. Mailing Address
227 MAGICAL WAY
Suite, Apt. #, etc.



11052004 REIN-P CR2E098 (6/04)

City & State
KISSIMMEE, FLORIDA
Zip
34743 Country

City & State
KISSIMMEE, FLORIDA
Zip
34743 Country

4. FEI Number
25-1613116 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERYL FLEMING
2599 BRUNSWICK CT.
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
CHERYL FLEMING

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

City
KISSIMMEE FL Zip Code
34743

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
THOMAS, FLEMING ☒ Delete
STREET ADDRESS
2599 BRUNSWICK CT.
CITY-ST-ZIP
KISSIMMEE, FL 34743

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ Change ☐ Addition
NAME
Thomas Fleming
STREET ADDRESS
227 Magical Way
CITY-ST-ZIP
Kissimmee, FL 34743

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

Thomas Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-2004
Date

Daytime Phone #