

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 25 AM 4: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000012077

1. Corporation Name

Thomas Burke, Inc

2. Principal Office Address - No P.O. Box #

330 NE 63rd Street

3. Mailing Office Address

330 NE 63rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Fl

City & State

Ocala, Fl

Zip

34479

Country

USA

Zip

34479

Country

USA

000157767840  
06/25/09--01004--016 \*\*458.75

**REINSTATEMENT 07-09**

4. Date Incorporated or Qualified To Do Business in Florida

01/12/2004

5. FEI Number  
32-0106448

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 F Burke jr.

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

330 ne 63rd street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 06/23/2009

**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	Thomas F Burke Jr	330 NE 63rd Street	Ocala, fl 34479
	<i>[Handwritten Signature]</i>		

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F Burke Jr.

06/23/2009

Date

(352)572-7889

Daytime Phone #