

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 AUG 11 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000077916

1. Corporation Name

THOMAS H. OVERSTREET, INC

W08-36170

600133822666
07/31/08--01032--001 **150.00

REINSTATEMENT 05-08^{K5}
CR2E081 (12/07)

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

1200 WEST S.R. 434

Suite, Apt. #, etc.

228

City & State

LONGWOOD, FL

Zip

32750

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/1979

5. FEI Number

59-1892974

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 H. OVERSTREET, JR.

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

1200 WEST S.R. 434

Suite, Apt. #, Etc.

228

City

LONGWOOD

State

FL

Zip Code

32750



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

Date

7/29/2008

REGISTERED AGENT MUST SIGN

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 H. OVERSTREET, JR.	1200 WEST S.R. 434 # 228	LONGWOOD, FL 32750
VP	SUSAN FLETCHER	1200 WEST S.R. 434 # 228	LONGWOOD, FL 32750

600133822666
08/13/08--01005--015 **450.00

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 H. OVERSTREET, JR.

Date

Daytime Phone #

(407) 467-3290

7/29/2008