

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -1 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-29-08 01007 007 \$150.00
02-06-08 01012 006 \$150.00
12-13-07 01043 005 \$150.00
REINSTATEMENT 06-08

CR2E081 (12/07)

DOCUMENT # P 04000139350

1. Corporation Name

THERMO AMERICA GROUP
Corporation

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

11199 NW 122 STREET

Suite, Apt. #, etc.

City & State

MEDLEY

Zip

33178

Country

USA

3. Mailing Office Address

11199 NW 122 STREET

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2004

5. FEI Number
20-2759615

☐ 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

DANIEL VERGA

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

11199 NW 122 STREET

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33178



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 03/14/08

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
DP	DANIEL VERGA	11199 NW 122 STREET	MEDLEY FL 33178
	<i>mg/z</i>		

10. I certify that I am an officer or director of 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

03/14/08

Date

305-888-0294

Daytime Phone #