


W04000019163

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY 26 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005059

1. Corporation Name  
**Tom Layton & Associates, Inc.**

2. Principal Office Address <b>8706 Ashworth Dr.</b>		3. Mailing Office Address <b>8706 Ashworth Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33647</b>	Country <b>U.S.A.</b>	Zip <b>33647</b>	Country <b>U.S.A.</b>

**REINSTATEMENT**

99-04 WJP

4. Date Incorporated or Qualified To Do Business in Florida **12/29/1993**

5. FEI Number **59-3221071** 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

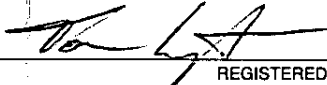
Name **Thomas R. Layton**

Street Address (P.O. Box Number is Not Acceptable) **8706 Ashworth Drive**

Suite, Apt. #, Etc.

City **Tampa** State **FL** Zip Code **33647**

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 **5-24-04**

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
<b>PSTD</b>	<b>Thomas R. Layton</b>	<b>8706 Ashworth Drive</b>	<b>Tampa, Fl. 33647</b>

200037342642  
05/25/04 01051 DT2 \$900.00

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 under section 119.07(3)(i), 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:  **Tom Layton** Date **5-24-04** 813-973-7646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR3E081 (01/04)

James R. Kist, CPA, P.A.

2052

19651 Bruce B. Downs Blvd., Suite E6-2  
Tampa, Florida 33647-3404  
Office: (813) 991-6605  
FAX: (813) 991-6607

April 27, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of Corporation  
Tom Layton & Associates, Inc

To Whom It May Concern:

Since it is required to download the annual report, effective this year, 2004, we have taken the responsibility to file this form as an additional service to our clients.

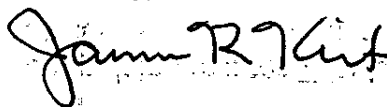
Upon doing this for Tom Layton & Associates, Inc. we found out that their corporate status was inactive since 09-24-99. Upon verifying with our client, we learned that they were not aware of this situation, and Mr. Layton does not recall to the best of his knowledge of receiving the annual reports.

Enclosed is a check for \$900 for years 1999, 2000, 2001, 2002, 2003 and 2004.

We ask you in advance that you abate the \$600 waiver fee.

If you have any questions, please do not hesitate to call me.

Sincerely,



James R. Kist, CPA  
Enclosures (2)