APPLICATION FOR REINSTATEMENT FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED
97 DEC -1 PM 12:10
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000023809

Thomas Engineering, Inc.
7350 S. Tamiami Trail, Box 152
Sarasota, FL 34231

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT 97

3. Date Incorporated or Qualified To Do Business in Florida 3/24/95

4. FEI Number 38-185474.1

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
Chairman	Thomas J. Manning	1125 Peppertree Dr. #3A802	Sarasota, FL 34242
VP	Terrance J. Manning	9619 Rolling Green Drive	Pinckney, MI 48169
			800002362888--8 -12/04/97--01068--001 ****646.50 ****646.50
			800002362888---8 -12/04/97--01068--002 ****103.75 ****103.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800. ☒ Yes ☐ No

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name JEROME S. LEVIN ESQ

Street Address (Do NOT Use P.O. Box Number) 1680 FRUITVILLE RD #102

Street Address (Do NOT Use P.O. Box Number)

City and State SARASOTA FL. Zip Code 34236

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent [signature] Date 11-28-97

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 11/26/97 Phone # 248 362-2030

Typed or printed name of signing officer or director Terrance J. Manning

10. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a