

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025566**

1. Corporation Name

**THOMASON PLUMBING & AIR, INC.**

Principal Place of Business

2920 NW 2 AVENUE 17  
BOCA RATON FL 33431

Mailing Address

2920 NW 2 AVENUE 17  
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1995

5. FEI Number

65-0568822

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	THOMASON, FRANCIS M	584 NW 16TH COURT	BOCA RATON FL 33486
SD	THOMASON, DIANE E	584 NW 16TH COURT	BOCA RATON FL 33486
P	THOMASON, SCOTT C.	5386 LAKE BLVD	DELRAY BEACH FL 33484
VP	THOMASON, MARK	2815 SW 5 ST	BOYNTON BEACH FL 33436

400027019324  
01/15/04--01024--009 \*\*\$900.00

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 NW 16TH STREET  
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Francis M. Thomason*  
REGISTERED AGENT MUST SIGN

Date 1-13-04

11. 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: **FRANCIS M. THOMASON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04  
Date

561-395-3113  
Daytime Phone #

CR2ED40 (7/03)