


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAY -2 AM 9:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P95000059703 | | | | | |
| 1. Corporation Name Tomson, Inc. | | | | | |
| Principal Place of Business 2719 Shoemaker Lane Mt. Dora, FL 32757 | | | Mailing Address (Same) | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable 7425 E. Colonial Dr. Suite, Apt. #, etc. | | 3. New Mailing Address, If Applicable Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida August 2, 1995 | |
| City & State Orlando, Florida | | City & State Orlando, Florida | | 5. FEI Number 59-3333441 | |
| Zip 32807 | | Country Orange | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| P/D | George R. Mansour | 7245 E. Colonial Drive | Orlando, FL 32807 | | |
| VP/S | Kamil F. Gowni | 7245 E. Colonial Drive | Orlando, FL 32807 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. Name and Address of Current Registered Agent G. Edward Clement, Esq. 308 E. Fifth Avenue Mt. Dora, Florida 32757 | | | 9. Name and Address of New Registered Agent Name Kamil F. Gowni Street Address (P.O. Box Number is Not Acceptable) 7245 E. Colonial Drive Suite, Apt. #, Etc. City Orlando State FL Zip Code 32807 | | |
| 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. Signature of Registered Agent _____ Date <u>4/30/97</u> REGISTERED AGENT MUST SIGN | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. _____ George R. Mansour, President | | | | | |
| SIGNATURE: _____ | | 4/30/97 | | 352/735-2010 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

CR2E040 (12/95)