

**APPLICATION FOR REINSTATEMENT**

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

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

1 Name and Mailing Address of Corporation: **DOCUMENT #p 95000059882**

**4000 THOR CORPORATION**  
**c/o KRINSKY**  
**9259 Pecky Cypress Lane #13**  
**Boca Raton, FL 33428**

DO NOT WRITE IN THIS SPACE

2 If Address in Block 1 is incorrect in any way, enter the correct address below:

Address:

City and State: Zip Code:

3 If Principle Office Address is different from mailing address, enter address below:

Address:

City and State: Zip Code:

4 Date Incorporated or Qualified To Do Business in Florida  
**8/02/95**

5 FEI Number  
**65-0599044**

6 Fee  
**\$8.75 Additional Fee required for a Certificate of Status**

Title(s)	Name of Officer and/or Directors	Street Address of Office (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	Irene Krinsky	9259 Pecky Cypress Lane #13	Boca Raton, FL 33428
D	Seymour Krinsky	9259 Pecky Cypress Lane #13	Boca Raton, FL 33428
D	Sharon Brown	7754 Forestay Drive	Lake Worth, FL 33467

**900002882899--5**  
**-05/21/99--01105--003**  
**\*\*\*\*300.00 \*\*\*\*300.00**

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**IRENE KRINSKY**  
**9259 Pecky Cypress Lane #13**  
**Boca Raton, FL 33428**

9. If changed, new registered agent / office

Name  
**SHARON BROWN**  
 Street Address (Do NOT Use P.O. Box Number)  
**7754 Forestay Drive**  
 Street Address (Do NOT Use P.O. Box Number)  
 City  
**Lake Worth** State  
**FL.** Zip  
**33467**

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

Signature of Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

Date **4/30/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax)

13 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Sections 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]*

Typed or printed name of signing officer or director **SEYMOUR KRINSKY**

Date **4/30/99** Daytime Phone # **561-483-1926**

(2)

ANTHONY M. NARDOTTI, P.A.  
Attorney at Law  
P.O. Box 3676, Boynton Beach, FL 33424  
Phone (561) 736-9316 Fax (561) 737-8999

VIA CERTIFIED RECEIPT Z 034 010 421

April 30, 1999

Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

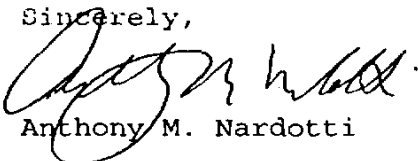
Re: 4000 Thor Corporation, Inc.

Dear Sir or Madam:

Enclosed is an Application for Reinstatement of the above named corporation and a check for \$300.00 to cover the cost of the annual report fee for 1998 and 1999. It is respectfully requested that the penalty associated with the failure to file last year be abated. The corporation has timely filed and paid its annual report fees in the past. It moved its office and did not receive the 1998 Annual Report Form from your office through no fault of its own. Based on the corporation's past performance and the failure to receive the necessary document, it is respectfully requested that the penalty be waived.

Thank you for your consideration of this matter.

Sincerely,

  
Anthony M. Nardotti