

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT -2 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012296

1. Corporation Name

Thomas L Holst Inc.

2. Principal Office Address - No P.O. Box #

3425 Cypress Landings Drive

3. Mailing Office Address

3425 Cypress Landings Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, Florida

City & State

Valrico, FL

Zip

33596

Country

U.S.A.

Zip

33596

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3373082

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 L Holst

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

3425 Cypress Landings Drive

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33596

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Thomas L Holst

Date 10-1-07

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
<u>President</u>	<u>Thomas L Holst</u>	<u>3425 Cypress Landings Dr.</u>	<u>Valrico, FL 33596</u>

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10/01/07--01032--024 **1050.00

REINSTATEMENT

05-07

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 contained in Chapter 119, 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:

Thomas L Holst

10-1-07

813-363-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #