

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 FEB -8 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000045892

1. Corporation Name

N & S THOMAS ENTERPRISE, INC.

2. Principal Office Address

706 Drew Street

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

34615

Country

USA

3. Mailing Office Address

706 Drew Street

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

34615

Country

USA

REINSTATEMENT

2000-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

5/23/1996

5. FEI Number

59-3379882

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

Nabil Thomas

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

706 Drew Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

34615

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

*Nabil Thomas*

REGISTERED AGENT MUST SIGN

Date

2/6/2002

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
P/VP/T/D	Nabil Thomas	706 Drew Street	Clearwater, FL 34615
S/D	Samia Thomas	706 Drew Street	Clearwater, FL 34615

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 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:

*Nabil Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nabil Thomas, President

Date

2/6/2002

Daytime Phone #

CR2E081 (9/01)