

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060650

1. Corporation Name

THOMAS-JASON PROPERTIES, INC.

Principal Place of Business

Mailing Address

820 LUCERNE TERRACE
ORLANDO FL 32801

820 LUCERNE TERRACE
ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3394225

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	GIBBS, THOMAS C	820 LUCERNE TERRACE	ORLANDO FL 32801

400008737334
11/01/02-01018-002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
THOMAS C. GIBBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

407-648-5101

Daytime Phone #

CR2E040 (8/02)

Thomas- Jason Properties, Inc.
820 Lucerne Terrace
Orlando, Florida 32801

October 24, 2002

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

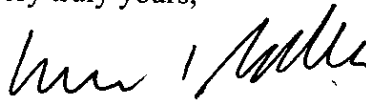
RE: Thomas-Jason Properties, Inc.
59-3394225

Gentlemen:

Please be advised that we did not receive the two prior Uniform Business Report (UBR) Notices.

Enclosed is a completed application for reinstatement along with a check in the amount of \$150 for the UBR filing fee. Please reinstate the corporation as soon as possible.

Very truly yours,



Thomas C. Gibbs
President

TCG/dc

enclosures