

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 FEB 24 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

① *

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7000013713

1. Corporation Name

THOMPSON
THOMPSON'S TILE & STUCCO SYSTEMS, INC

2. Principal Office Address

7932 SASSAR LANE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32526

Country

ESCAMBIA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/97

5. FEI Number

59-3431736

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

SUSAN THOMPSON

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

7932 SASSAR LANE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

800003168608-4

-03/14/00-01044-018

****300.00 ****300.00

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

Date 2/14/00

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
PRES	MARCOUS THOMPSON	7932 SASSAR LANE	PENSACOLA, FL 32526
VICE-PRES	SUSAN THOMPSON	7932 SASSAR LANE	PENSACOLA, FL 32526

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:

SUSAN THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

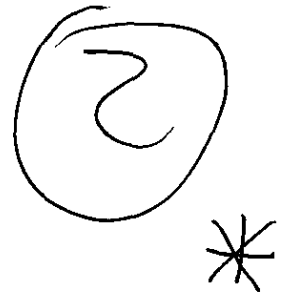
Date

Daytime Phone #

CR2E081 (9/99)

February 22, 2000

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



Gentlemen:

Enclosed you will find a check for \$300.00 for the annual fees of our corporation, Thompson's Tile and Stucco Systems Inc. That I hope will cover 1998 and 1999.

We ask that you waive the reinstatement fee, as my husband and I did not personally receive any notice to file or any notice that the corporation was going to be or was dissolved. We had hired an accountant to handle our business matters. In January of 2000, we found out she had done none of the required filing of taxes. I do not know if she ever received the necessary forms from you to do the filing of the corporate taxes.

I did not know that our corporation was dissolved until Pat Whiddon at the UCT office told us in January of 2000. I am now handling all matter with our business.

We found where the accountant had written checks to herself without our knowledge also. The IRS & UCT offices are waving some of the penalties because of our lack of knowledge in what has happen I am in hopes that you will be able to do the same. I assure you this will not happen again.

Paying a \$900.00 reinstatement fee would be an undue hardship on the corporation, as it is now attempting to deal with undeposited payroll taxes and many other problems. We are trying to correct all problems; your waving the fee would be greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Susan Thompson".

SUSAN THOMPSON
Vice-President