

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUL -1 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

R.J. THOMAS ASSOCIATES, INC.

897000061981

2. Principal Office Address

3325 S. UNIVERSITY DR.

3. Mailing Office Address

3325 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

July 11, 1997

5. FEI Number

65-0771709

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 G. ROSS

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

3325 S. UNIVERSITY DR.

Suite, Apt. #, Etc.

2ND FLOOR

City

DAVIE, FL 33328

State  
FL

Zip Code

33328

200006234292--6  
-07/08/02--01003--005  
\*\*\*\*458.75 \*\*\*\*458.75

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

*[Signature]*

Date 6/19/02

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
	THOMAS G. ROSS, President + Treasurer	8059 S. SAVANNAH CIRCLE	DAVIE, FL 33328
	JOANNA R. HARRIS, Vice Pres. + Secretary	1977 SACRAMENTO	WESTON, FL 33326
	<del>WILLIAM J. ROSS</del>	<del>10825 RICHMOND PLACE</del>	<del>DAVIE, FL 33328</del>
	<del>ROBERT J. ROSS</del>		
	<del>BARRY J. GUNDEL</del>		

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:

*[Signature]*

THOMAS G. ROSS, PRES.

6/19/02

(954) 452 5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)