

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 15 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000103454

1. Corporation Name

Tomboy Productions, Inc.

Principal Place of Business

Mailing Address

Post Office Box 1448
DeLand, Florida 32721-1448

same

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

12/08/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3482137

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Cynthia Poole	780 Bennett Road	South Daytona, FL 32119
V. Pres.	Elizabeth M. Bowne	1250 8th Avenue	DeLand, Florida 32724
Treas.			

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

Cynthia Poole
1250 8th Avenue
DeLand, Florida 32724

9. Name and Address of New Registered Agent

Name
Cynthia Poole
Street Address (P.O. Box Number is Not Acceptable)
780 Bennett Road
Suite, Apt. #, Etc.

City
So. Daytona
State
FL
Zip Code
32119

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.

Signature of
Registered Agent

Cynthia Poole

REGISTERED AGENT MUST SIGN

Date 10/1/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Cynthia Poole

Cynthia Poole

10/1/99

Date

767-6000
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR