

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -2 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-08 *[Signature]*

REINSTATEMENT

06/02/08--01002--008 **150.00
500130524155
06/02/08--01002--008 **150.00

DOCUMENT # P97000105769

1. Corporation Name

Tommy's Auto Sales and Service, Inc

2. Principal Office Address - No P.O. Box #

7277 N. Nebraska Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

SAME

Zip

33604

Country

US

Zip

33604

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

12-16-97

5. FEI Number

593486515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas A. Ray

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

7277 N. Nebraska Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5-6-08

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
POD	Thomas Ray	7277 N. Nebraska Ave	Tampa FL 33604

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06/02/08--01002--009 **150.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-08 813 236 7312

Date

Daytime Phone #

2/2

TOMMYS AUTO SALES AND SERVICE INC.
7277 N NEBRASKA AVE
TAMPA FL 33604
813-236-7312

TO WHOM IT MAY CONCERN,

PLEASE WAIVE REINSTATEMENT FEES DUE TO NOT RECEIVING NOTICES TO RENEW. SEE ATTACHED FORMS WHERE BRENDA WOOD HAS REMOVED HER SELF AS SECRETARY/TREASURER. BRENDA WAS RESPONSIBLE FOR THIS REINSTATEMENT. WE BELIEVE WE WERE REINSTATATED FOR 2008. WE DID NOT REALIZE UNTIL MAY 06 2008. PLEASE CONTACT IF MORE INFORMATION IS NEEDED.

THANK YOU,
THOMAS ALLEN RAY
PDC

A handwritten signature in black ink, appearing to read "Thomas Allen Ray", with a long horizontal line extending to the right.