

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 4:46

DOCUMENT # P98000012100

1. Corporation Name

THOMAS F. FULP, INC.

Principal Place of Business

Mailing Address

681 ELDRON AVE
DELTONA FL 32738

~~681 ELDRON AVE~~
~~DELTONA FL 32738~~



REINSTATEMENT 00

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

02/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3490753

Applied For

Not Applicable

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
D	FULP, THOMAS F	2410 CEDAR AVENUE	SANFORD FL 32771
D	FULP, SALLY A	2410 CEDAR AVENUE	SANFORD FL 32771
			200003508732-6 -12/21/00--01017--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

FULP, SALLY A
2410 CEDAR AVENUE
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name Thomas F Fulp
Street Address (P.O. Box Number is Not Acceptable)
681 Eldron Ave
Suite, Apt. #, Etc.
City Deltona State FL Zip Code 32738

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

Thomas F Fulp SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-12-00

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:

Thomas F Fulp SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-00 Date

407-330 5987 Daytime Phone #