

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
APR -5 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056213

1. Corporation Name

Thomaso, Inc

2. Principal Office Address

810 N Shore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

810 N Shore Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

Country

33141

USA

Zip

Country

33141

USA

4. Date Incorporated or Qualified
To Do Business in Florida

400035537204

05/05/04--01051--030 **300.00

5. FEI Number

65-0868181

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

Sylvie Iddou

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

810 N Shore Drive

Suite, Apt. #, Etc.

277

City

Miami Beach

State

FL

Zip Code

33141

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 4/27/04

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
<u>P</u>	<u>Sylvie Iddou</u>	<u>810 N Shore Drive</u>	<u>Miami Beach, FL 33141</u>
<u>D</u>	<u>Omar Iddou</u>	<u>810 N Shore Drive</u>	<u>Miami Beach, FL 33141</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvie Iddou

Date

4/27/04

Daytime Phone #

CR2E081 (9/01)

pg 2 of 2

THOMASO, INC
810 N SHORE DRIVE
MIAMI BEACH, FL 33141

APRIL 27, 2004

Department of State
Division of Corporations
Tallahassee, Florida

RE: THOMASO, INC
P98000056213

Gentlemen:

Enclosed is our reinstatement form for the corporation. We had never received any of your prior notices and wish to reinstate the corporation. The corporation address had changed and the stockholder had been working out of the country and therefore never received either the original notice for renewal or the notice of dissolution. We would therefore request that you abate any penalties that might be assessed.

THOMASO, INC

Sylvie Iddou, President

