

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061955

1. Corporation Name

TOM & JERRY ENTERPRISES, INC.

Principal Place of Business

2001 DREW STREET  
CLEARWATER FL 33765

Mailing Address

2001 DREW STREET  
CLEARWATER FL 33765

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1998

5. FEI Number

59-3522482

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WRIGHT, JAMES R	2001 DREW STREET	CLEARWATER FL 33765
VD	BARBER, RICHARD D	2001 DREW STREET	CLEARWATER FL 33765
S	WRIGHT, JERRY L	2001 DREW STREET	CLEARWATER FL 33765
T	WRIGHT, TOM R	2001 DREW STREET	CLEARWATER FL 33765

300024013853  
10/22/03--01052--013 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRIGHT, JERRY L  
100 HAMPTON RD #65  
CLEARWATER FL 33759

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Jerry Wright*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*Jerry Wright*  
**SIGNATURE REQUIRED**  
JERRY WRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (7/03)