

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 24 PM 3:05

DOCUMENT # P99000052428

1. Corporation Name

TOMARY CONSULTING, INC.

Principal Place of Business

Mailing Address

8639 N. HIMES AVE., #2803  
TAMPA FL 33614

8639 N. HIMES AVE., #2803  
TAMPA FL 33614



REINSTATEMENT

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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

8639 N. Himes Ave

8639 N. Himes Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2424

2424

City & State

City & State

Tampa FL

Tampa FL

Zip

Zip

Country

Country

33614 USA

33614 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1999

5. FEI Number

Applied For

59-3580331

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	DZIKOWSKI, THOMAS A	8639 N. HIMES AVE., #2803	TAMPA FL 33614
		8639 N. Himes Ave #2424	900003455549-1 -11/07/00--01090-024 *****600.00 *****600.00
			900003455549--1 -11/07/00--01090-025 *****61.25 *****61.25
			900003455549--1 -11/07/00--01090-026 *****88.75 *****88.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALESSANDRI, PAUL G  
8639 N. HIMES AVE., #2803  
TAMPA FL 33614

Name

Deikowski, Thomas A

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

8639 N. Himes Ave

Suite, Apt. #, Etc.

2424

City

Tampa

State

FL

Zip Code

33614

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

REGISTERED AGENT MUST SIGN

Date 10/17/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

813-915-8888

Daytime Phone #