

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059752

1. Corporation Name

THOMAS J. O'NEIL, INC.

Principal Place of Business

17623 DANSVILLE DRIVE
SPRING HILL FL 34610

Mailing Address

17623 DANSVILLE DRIVE
SPRING HILL FL 34610



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18625 AKINS DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5878 CHARLOTTE HWY

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1999

5. FEI Number

59-3586759

Applied For

Not Applicable

City & State

Spring Hill FL

City & State

CLOVER SC

Zip

34610

Country

US

Zip

29710

Country

US

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
PSD	O'NEIL, THOMAS J	17623 DANSVILLE DRIVE 5878 CHARLOTTE HWY	SPRING HILL FL 34610 CLOVER, SC 29710

200009785612
12/31/02--01042--003 **150.00

8. Name and Address of Current Registered Agent

O'NEIL, THOMAS J
17623 DANSVILLE DRIVE
SPRING HILL FL 34610

9. Name and Address of New Registered Agent

Name

STACY O'NEIL

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

18625 AKINS DR.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34610

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

STACY O'NEIL
REGISTERED AGENT MUST SIGN

Date

12/20/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/02

Daytime Phone #

CR2E040 (8/02)