

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 MAY 22 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700006072787--5  
-06/27/02--01071--022  
\*\*\*\*\*450.00 \*\*\*\*\*450.00

DOCUMENT # P99000109592

1. Corporation Name

THOMAS SALES AND MARKETING, INC.

2. Principal Office Address

2402 STOCKTON RD

Suite, Apt. #, etc.

City & State

Pocomoke MD

Zip

21851

Country

USA

3. Mailing Office Address

533 N. NOVA RD.

Suite, Apt. #, etc.

STE 115

City & State

Orlando Beach, FL

Zip

32174

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/9/99

5. FEI Number

58-2511625

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

JOE CLARK

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

533 N. NOVA RD

Suite, Apt. #, Etc.

STE 115

City

Orlando Beach

State

FL

Zip Code

32174

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

REGISTERED AGENT MUST SIGN

Date

5/20/02

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
D	ANTHONY THOMAS	2402 STOCKTON RD	Pocomoke, MD 21851
			351.25 - AR
			10.00 - AR ARTS
			88.75 - AR SUP

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

5/14/02

Date

(407) 226-7020

Daytime Phone #

CR2E081 (9/01)

2002

**THOMAS SALES AND MARKETING, INC.**

**2402 Stockton Rd.  
Pocomoke, MD. 21851**

April 30, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Thomas Sales and Marketing, Inc.  
Document Number P99000109592

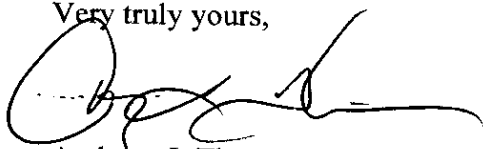
To Whom It May Concern:

Pursuant to our telephone conversation this date, please be advised that this letter is to confirm that I never received the Annual Report for the above-captioned corporation because you had an incorrect address on the report.

Enclosed is a check in the amount of \$450.00 to cover filing fees for the years 2000, 2001 and 2002. Please adjust your records accordingly. Any future correspondence for this corporation should be sent to the corporate agent at: Florida Accounting Service, 533 North Nova Rd., Ste. 115, Ormond Beach, FL 32174.

Thank you for your cooperation and help in this matter.

Very truly yours,



Anthony L Thomas  
Director

/jc  
Enc.