

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 FEB 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S37747**

1. Corporation Name

THOMAS AND SON GLASS AND MIRROR, INC.

Principal Place of Business

1284A OGDEN ROAD
VENICE FL 34292
US

Mailing Address

1284A OGDEN ROAD
VENICE FL 34292
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1991

5. FEI Number

65-0262668

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
P	THOMAS, DOUGLAS K	209 MILLET PLACE	NOKOMIS FL
V	THOMAS, BRIAN	209 MILLET PLACE	NOKOMIS FL
T	THOMAS, CHERYL	209 MILLET PLACE	NOKOMIS FL

REINSTATEMENT

[Handwritten Signature]

8. Name and Address of Current Registered Agent

THOMAS, DOUGLAS K.
107 CORPORATION WAY
VENICE FL 34292

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

2000003148822-2

-02/28/00--01011--021

***900.00

FL

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

[Handwritten Signature: Douglas K. Thomas]
REGISTERED AGENT MUST SIGN

Date

2/10/00

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:

[Handwritten Signature: Cheryl Thomas]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date: 2/10/00]
Date

941-497-7337
Daytime Phone #

CR2040 (8/99)