

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JAN 27 PM 3:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #v09978 (0)

1. Corporation Name
THOMAS CORPORATION OF TAMPA, INC.

Principal Place of Business 4613 SCOTT ROAD LUTZ, FLORIDA 33549	Mailing Address 4613 SCOTT ROAD LUTZ, FLORIDA 33549
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000002416430--3
 -01/29/98--01101--005
 ***1208.75 ***1208.75

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		4. Date Incorporated or Qualified To Do Business in Florida 01/24/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3133080	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	THOMAS EVONOSKY	4613 SCOTT ROAD	LUTZ, FLORIDA 33549
Sec.	DIANE EVONOSKY	4613 SCOTT ROAD	LUTZ, FLORIDA 33549

REINSTATEMENT 95-98
A. Alan
 Jan. 27, 1998

8. Name and Address of Current Registered Agent THOMAS EVONOSKY THOMAS CORPORATION OF TAMPA, INC. 4613 SCOTT ROAD LUTZ, FLORIDA 33549		9. Name and Address of New Registered Agent Name THOMAS EVONOSKY Street Address (P.O. Box Number is Not Acceptable) 4613 SCOTT ROAD Suite, Apt. #, Etc. City LUTZ State FL Zip Code 33549	
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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: *Thomas Evonosky* REGISTERED AGENT MUST SIGN Date **JANUARY 20, 1998**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(j), 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: *Diane Evonosky* **DIANE EVONOSKY** 01/20/1998 (813) 210-2547
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)