

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

99 AUG 26 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

V135003  
THOMAS J. FERRIS INC

Principal Place of Business

Mailing Address

1783 TULIP LN.  
WELLINGTON FL, 33414

REINSTATEMENT 04-09

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

1-15-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0304236

Applied For

Not Applicable

City & State

City & State

6 CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)

2 Name of Officers  
and/or Directors

3 Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4 City / State / Zip

P/O THOMAS J. FERRIS 1783 TULIP LN.  
WELLINGTON FL 33414

300002977383--2  
-09/02/99--01077--013  
\*\*\*1508.75 \*\*\*1508.75

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

THOMAS J. FERRIS  
1783 TULIP LN.  
WELLINGTON FL 33414

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 J. FERRIS*

REGISTERED AGENT MUST SIGN

Date 7-15-99

11 This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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)(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

*THOMAS J. FERRIS*

7-15-99

Date

Daytime Phone #

561-793-0606

CR2E061 (12/98)