PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State Vision of Corporations	Control of
DOCUMENT # F96 2819 1. Corporation Name TONY + Dale Seacher, LTD. CO.		2009 JAN 13 A 6: 36
1. Corporation Name TONY + DCI	LTD, CD.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
		3 001 39536223 01/06/0901012015 **750,00
2. Principal Office Address - No P.O. Box # 3. Mailing:	Office Address	
Suite, Apt. #, etc. Suite, Apt. #	BOX 417	CR2E081 (10/08)
		4. Date Incorporated or Qualified To Do Business in Florida
City & State NOTWOOD NI NOTWOOD NI		5. FEI Number Applied For
Zip Country Zip O7(046 U.S.14	22-314-6959 Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		io a certificate of status
Name AN'(Mall S R UT 6 ET Street Address (P.O. Box Number is Not Acceptable) 2 & O T S UN U B O C Suite, Apt. #, Etc.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee he waited.
AVCNFUCU	State Zip Code FL 33 60	fee be waived.
8. I, being appointed the registered agent of the above named corperation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent PUST SIGN Date		
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
P TONY Sparper	100 DYEC C;	4 NO(WOOL) NI 5 07644
V? Dale Squeber	100 Pyer C:	* MOSWOOD N.507648
REINSTATEMENT 2008 REINSTATEMENT 2008		
		2008
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 60? 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 contained in Chapter 119, 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 Date Daytime Phone # 557		