## 2005 FOR PROFIT CORPORATION REINSTATEMENT

Propositifies of Business  White Commercial Bayon  International Property Bayon  International P	DOCUMENT # P01000105838  1. Entity Name T & O ENTERPRISES, INC.					FILED					
THE COMMERCIAL BLVD  APPLIED FOR  Country  Solito, April 4, etc.  So					WE THE	05 AUG - 1 AM 9: 29					
PRICE STATE OF BLASSES  Suite, Apt. 4, onc.  Suite, Apt. 4, onc.  City & States	111 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA. FL-33308-		111 E. COMMERCIAL BLVD. LAUDERDALE BY THE SEA. FL-33308		SEURLIARY OF STATE TALLAHASSEE, FLORIDA						
Sulfe, Apt. 4, etc.    Sulfe, Apt. 4, etc.	4834 SW 75th Avenue Miam, FL 33155				<u> </u>						
City & State    City & State   City & State   City & State   City & State   A_ERPIRED FOR   NAMED   Name	2. Principal P			3. Mailing Address							
APPLIED FOR SATURES  S. Name and Address of Current Registered Agent  S. Certificate of Status Desired   \$8.75 Address of Fee Required  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  File Commercial Status  Sireé: Address (P.O. Box Number is Not Acceptable)  Sireé: Address (P.O. Box Number is Not Acceptable)  Sireé: Address (P.O. Box Number is Not Acceptable)  North Munic FL 33 Lo  City FL Zip Code  8. The above named certify submits its status of the objections or registered abent.  SIGNATURE:  Signature  Signature  OPFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  POST  OPFICERS AND DIRECTORS IN 11  INC.  POST  OPFICERS AND DIRECTORS IN 11  INC.  POST  OPFICERS AND DIRECTORS IN 11  INC.  OPFICERS AND DIRECTORS IN 11  IN	Suite, Apt. #, etc.		Suite, Apt. #, etc.			07252005	REIN-P	CR2E098 (6/04)			
Country  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Proposed   \$8.75 Add	City & State		City & State			l <del> </del>					
Name   Name   Name   Sirce! Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Court				5 Certificate of Status Desired			8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above nemed only subth his subth his try purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent.  SIGNATURE  Signature, two or print with or imply in professions.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FLE	6. Name and Address of Current Registered Agent										
3 3-0 WE   5-1/2 ST   20   City   FL   Zip Code    8. The above named antity submits his statistical to rity outpose of changing its registered office or registered agent, or both, in the State of Florida. I am territiar with, and accept more obligations of registered agent.  SIGNATURE:    City   FL   Zip Code	OFFER, RAMIN				rvaries						
3 So NE 165+h ST North MACH FL 331 Co  8. The above named actify submit his state of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered spent.  SIGNATURE:    City   FL   Zip Code			Street Addres		Street Address (F	(P.O. Box Number is Not Acceptable)					
Ro The American Fig. 33 to City FL Zip Code  8. The above named entity submyts his state of Horizon file state of Horizon. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both in the State of Florida. I am familiar with, and accept the property and the registered algent, or both in the State of Florida. I am familiar with, and accept the property and the registered algent.  In accordance with s, 607, 193(2)(b), F.S., the control of Florida Statutes, and the time and control of registered algent.  In accordance with s, 607, 193(2)(b), F.S., the control of Florida Statutes, and the time and or familiar with, and accept the state of Florida Statutes, and the time and or familiar with and accept the state of Florida Statutes, and the time and or familiar and propound.  Sign Nature:    Delete											
8. The above named entity submits his standard to it purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida Statute of Florida. I am familiar with, and accept the familiar and place and accept the state of Florida Statutes, and that my name appears in Block 10 or Block 11 if change of Change of Florida Statutes, and that my name appears in Block 10 or Block 11 if change of or supplied with his filing both acc qualifier of the properties.  Signature:			4		City	Fi Zip Code					
FILE NOW!! FEE IS \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D ZUR, TALIEVEN Delete TITLE NAME ZUR, TALIEVEN DELETE SEA, FL 33308 CITY-S1-7P  TITLE PVST DELETE ADDRESS CITY-S1-7P  TITLE NAME STREET ADDRESS	8. The above named entity submits in is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept										
TITLE D	SIGNATURE  Signature, typod or printer name of registered agentand title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OFFER, RAMIN	FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								S., the otice.		
NME SIREET ADDRESS CITY-ST-2P  TITLE NAME OFFER, RAMIN 115 E COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308  TITLE NAME SIREET ADDRESS CITY-ST-2P	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	IRECTORS	HN 11	
STREET ADDRESS CITY-ST-2PP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-2PP TITLE NAME OFFER, RAMIN 115 E COMMERCIAL BLVD CITY-ST-2PP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-2PP TITLE NAME STREET ADDRESS CITY-ST-2PP TITLE NAME		[ "	☐ Delete						Change	☐ Addition	
TITLE PVST OFFER, RAMIN OFFER, RAMIN 115 E COMMERCIAL BLVD CITY-S1-2P CITY-S1-2P LAUDERDALE BY THE SEA, FL 33308 Delete TITLE NAME STREET ADDRESS CITY-S1-7P TI	1	·			ADDRESS					·	
OFFER, RAMIN 115 E COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308  Detale TITLE NAME STREET ADDRESS CITY-S1-ZP	CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308 CITY			- ZIP						
STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHARGE CHARGE NAME STREET ADDRESS CITY-ST-ZIP  CHARGE NAME STREET ADDRESS C	1								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-	1	•			ADORESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CHANGE ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308			- Z1P		******				
ITITLE NAME STREET ADDRESS CITY-ST-ZIP  ITITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  ITITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C	J		☐ Delete				. <b>_</b>	_			
ITITLE NAME STREET ADDRESS CITY-ST-ZIP  ITITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  ITITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C					ADDRESS	ሰደ/01 - በ8/01	/UD581 /0501052	0737 ** ***	wonn n	בוי	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment that an address, with all other has empowered.  SIGNATURE:	CITY-ST-ZIP			CITY-ST-	- ZIP		.00 _01001.		*3UU.L		
STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CIT			☐ Delete						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information symplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate aparthant my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all directors empowered.  SIGNATURE:	STREET ADDRESS			STREET A	- 1						
STREET ADDRESS CITY-ST-ZIP  ITFLE  NAME STREET ADDRESS CITY-ST-ZIP  I	TITLE		☐ Delete	TITLE				, [	Change	Addition	
CITY-ST-ZIP  ITFLE    Delete   ITFLE   NAME   NAME	1				LOORESS		100	<i>ا</i> \لا			
NAME STREET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information symptied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate aparthat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other resempowered.  SIGNATURE:	1						Upr.	010			
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information sympliced with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate apart that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to exactly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other resempowered.  SIGNATURE:	TITLE		☐ Delete	TITLE			17	,	Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate aper that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all differ the empowered.  SIGNATURE:			ŀ		ADDRESS		,				
SIGNATURE:	CITY-ST-ZIP	()		CITY-ST	-Z1P						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF VANING OFFICER OR DIRECTOR  Date	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.										
SIGNATURE AND TYPED OR PRINTED NAME PAINING OFFICER OR DIRECTOR Date Dayline Phone #		ΛI									
	JIGNAI	SIGNATURE AND TYPED OR	PRINTED NAME TO SUNING OFFICER	OR DIRECTOR	1		Dale	Dayt	me Phone #		