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
1997 FEB 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01275

1. Corporation Name

TONY D., INC.

Principal Place of Business	Mailing Address
~~12902 CINNIMON PL.~~ ~~TAMPA FL 33624~~ 2116 University Mall Tampa Fl 33612	12902 CINNIMON PL. TAMPA FL 33624 ← Correct

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
2116 University Mall	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State:
Zip: 33612 Country: Hills	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1986

5. FEI Number: 59-2637891 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	LOLLY, TONY D.	12902 CINNIMON PL.	TAMPA FL
S	LOLLY, CYNTHIA K.	12902 CINNIMON PL.	TAMPA FL

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-02/20/97--01052--002
****375.00 ****375.00

REINSTATEMENT 2/19/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOLLY , TONY D.	Name
2116 UNIVERSITY SQUARE MALL	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33612	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: Tony D Lolly   Date: 1-19-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (Yes we do) (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: Cynthia K. Lolly   9-26-96   (813)977-2031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (7/96)