PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J01275

1. Corporation Name

TONY D., INC.

Principal Place of Business

Mailing Address

12902 CINNIMON PL TAMPA FL 33624

12902 CINNIMON PL. COrrect **TAMPA FL 33624**

Silv trivers 19 Hall

TAMPLEI 33612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable Suite Apr. #, etc.			3. New Mailing Office Address, If Applicable
2116 un	ingles 1	1 1/4/1	
uite, Apt. #, etc.			Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2637891

1997 FEB 17 AM 8: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Applied For Not Applicable \$8.75 Additional Fee required

02/27/1986

Zip Country

_33	613 HILLS		for a Certificate of Status			
7. Names	and Street Addresses of Each Officer and/or Direc	tor (Florida nonprofit corporations must list at least 3 dire	ectors)			
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers	City / State / Zip			
DP	LOLLY, TONY D.	12902 CINNIMON PL.	TAMPA FL			
8	LOLLY, CYNTHIA K.	12902 CINNIMON PL.	TAMPA FL			
	-/		8000020931582 -02/20/9701052002			
			****375.00 ****375.00			
			algera 197			
		REINSTATEMENT				
8. Name and Address of Current Registered Agent		red Agent 9. Na	9. Name and Address of New Registered Agent			
		Name				

LOLLY . T	ONY D.		

2116 UNIVERSITY SQUARE MALL

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

Suite, Apt. #, Etc.

City

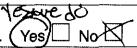
State Zip Code

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 Flugistered Agent ,

TAMPA FL 33612

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.



(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 filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR