PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 11 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # J01275

1. Corporation Name

TONY D., INC.

2. Principal Office Address	3. Mailing Office Address
12226 University Mall Ct.	12902 Cinnimon Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33612-554 Country: Hillsborough	Zip: 33624 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/86

5. FEI Number: 592637891 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TONY D LOLLY

Street Address (P.O. Box Number is Not Acceptable): 12226 University Mall Court

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33612-5541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Tony D Lolly TONY D. LOLLY Date: 6-4-02

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
DP	Tony D. Lolly	12902 Cinnimon Pl	Tampa, FL 33624
S	Cynthia K. Lolly	12902 Cinnimon Pl	Tampa, FL 33624

REINSTATEMENT 97-02

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 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: TONY D. LOLLY Tony D Lolly President 6/4/02 (813) 977-2037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Lewis 6/11/02

Dec 04 01 04:00p Hayes Martohue 7273819025 p.2