

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  
 99 FEB 15 PM 2:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **J25709**

1. Corporation Name

**TONY MANDEVILLE, INC.**

Principal Place of Business	Mailing Address
260 POWER COURT 110 SANFORD FL 32771 US	260 POWER CT 110 SANFORD FL 32771 US

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

**REINSTATEMENT** 08-09

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/25/1986
City & State	City & State	5. FEI Number
Zip	Country	59-2700840
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	MANDEVILLE, CHARLES A.	808 EAGLE CLAW CT.	LAKE MARY FL
V	MANDEVILLE, CHARLES, A	808 EAGLE CLAW CT.	LAKE MARY FL

400002777534--1  
 -02/17/99--01016--014  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MANDEVILLE, CHARLES ANTHONY 808 EAGLE CLAW CT. LAKE MARY FL 32746	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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: *Charles A. Mandville* Date: 1/4/99  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side of 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: *Charles A. Mandville* Date: 1/4/99 Daytime Phone #: 707-321-6450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)