


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K 95922

1. Corporation Name

TONI & RENELLYS, INC.
8211 SW 57 ST
DAVIE, FL 33328

2. Principal Office Address

8211 SW 57 ST SAME

Suite, Apt. #, etc.

City & State

DAVIE

Zip

33328

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

33328

Country

REINSTATEMENT

03-05

T. RCR2E081 NOV 30 2005

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/1989

5. FEI Number

65-0165811

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

RENELLYS PEREZ

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

ONE E BROWARD BLVD, #700

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

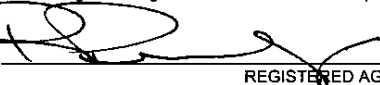
Zip Code

33301

100061623321
11/22/05--01042--012 **450.00

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



Date 11-17-05

REGISTERED AGENT MUST SIGN

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
PRES	ANTONIO P. PEREZ	8211 SW 57 ST	DAVIE, FL 33328
SIT	RENELLYS PEREZ	8211 SW 57 ST	DAVIE, FL 33328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-05 305-215-0230

Date

Daytime Phone #