## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	CILED LUNE IARY OF STATE FISION OF CORPORATION O4 MAY -7 AM 10: 26
DOCUMENT# POOC 1. Corporation Name Teleon Corpora	398 0000 tien	, willo. 5 f
2. Principal Office Address	3. Mailing Office Address	GEMICTATE DE LA COLOR
5127 West Hanna Ave		HEINSTATEMENT 03-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sept 1
		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
TAMPA FUCIDA  Zip Country	Zip Country	593686738 Not Applicable
33634 05	33634	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  133 F 157 ST & CET N.  Suite, Apt. #, Etc.  City ShrvT PETELS BUS  State Zip Code FL 337-01  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.		
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  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 Eac	ch City (State / 7in
P W. KRS Brown	5727 West Hanna	Ave Tampa FC 33634
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	41. 10 a 10	
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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 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.  SIGNATURE:  5/6/19/8/3-872-2/39		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		



## PERSONAL AND CONFIDENTIAL

Secretary of State Division of Corporations Reinstatement Section 409 East Gaines Street Tallahassee Florida 32399

:

Re: Reinstatement of Teleon Corp. P00000103398

Dear Eula Peterson:

Please be advised that Teleon Corp. by its counsel hereby request reinstatement of the corporation with the secretary of state of Florida. It appears that teleon never received the annual report filing request and therefore became delinquent in its annual report filing. This delinquency was inadvertent and unintentional.

Attached hereto you will find a check in the amount of \$308.75 which should pay for the annual fees due for 2003 and 2004 as well as a certificate of status. Please fax the certificate of status ASAP to the toll free fax number referenced below.

I thank you unreservedly for you attention and cooperation in this matter.

Dutifully,

GOLDBERG LAW GROUP

Glenzi Goldb<del>er</del>g

Florida Bar No. 0159409