

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033843

1. Corporation Name

TONKIN GROUP, INC.

Principal Place of Business

11351 MELLOW COURT
ROYAL PALM BEACH FL 33411

Mailing Address

11351 MELLOW COURT
ROYAL PALM BEACH FL 33411



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1092498

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TONKIN, DAVID C	11351 MELLOW COURT	ROYAL PALM BEACH FL 33411
D	TONKIN, MICHELE D	11351 MELLOW COURT	ROYAL PALM BEACH FL 33411

8. Name and Address of Current Registered Agent

TONKIN, DAVID C
11351 MELLOW COURT
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

Same

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. or 617.0505, F.S.

Signature of
Registered Agent

David C Tonkin
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/02

11. 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

David C Tonkin
DAVID C TONKIN

Date

11/19/02

Daytime Phone #

CR2E040 (8/02)

November 19, 2002

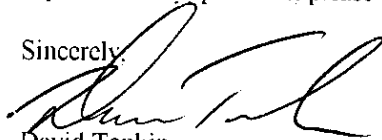
To Whom It May Concern:

I am writing this letter to inform the Department of State that I do not want to dissolve Tonkin Group, Inc. as a Florida Corporation. I did not receive the original re-instatement notice and since last year was our first year as a corporation, we were not aware to be looking for such a notice.

I do apologize for not getting my re-instatement fee to you earlier and hope that you will receive my payment for re-instatement without penalty due to the absence of a notice earlier this year. I have enclosed \$150 for your convenience and hope this will suffice to allow Tonkin Group, Inc. to continue as a Florida Corporation.

If you have any questions, please feel free to call me at 561-792-5995.

Sincerely,



David Tonkin
President
Tonkin Group, Inc.