

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -2 AM 8:00

DOCUMENT # P01000088824

1. Corporation Name

TONO, CORP.

REINSTATEMENT 03-04

2. Principal Office Address

1105 NE 183 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1105

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL NORTH MIAMI BEACH, FL

Zip

33179

Country

USA.

Zip

33179

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT-10-2001

5. FEI Number

65-1142625

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

FREDDY H. ARIAS

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

2900 NW 48 Terrace

Suite, Apt. #, Etc.

APT. # 207

City

LAUDERDALE LAKE

State

FL

Zip Code

33313

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

[Signature]

Date

02/03/04

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
D	FREDDY H. ARIAS	2900 NW 48 Terrace APT. # 207	LAUDERDALE LAKE FL. 33313
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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 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] FREDDY ARIAS

Date

02/03/04 / (954) 655-6182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2001 (01/04)