

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093615

1. Corporation Name

TORNADO INTERNATIONAL, INC.

Principal Place of Business

2030 SW 67 AVE
MIRAMAR FL 33023

Mailing Address

2030 SW 67 AVE
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

FILED

03 NOV - 7 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000024497670
11/07/03--01001--031 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2001

5. FEI Number

65-1143029

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BROWN, CHRIS	2030 SW 67 AVE	MIRAMAR FL 33023
V	BROWN-GORDON, PATRICIA	2030 SW 67 AVE	MIRAMAR FL 33023
V	DACOSTA, DONALD	1335 NE 203 ST	MIAMI-FL-33023

8. Name and Address of Current Registered Agent

BROWN, CHRIS
2030 SW 67 AVE
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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


REGISTERED AGENT MUST SIGN *Chris Brown*

Date

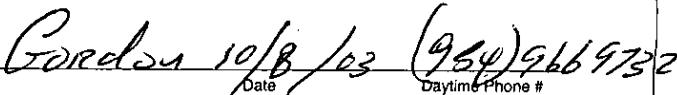
10/8/03

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

 PATRICIA RECHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Gordon 10/8/03 (954) 966-9732
Date Daytime Phone #