

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112386

1. Corporation Name

D.L. TONEY ENTERPRISES, INC.



Principal Place of Business

10551 CASEY DR.  
NEW PORT RICHEY FL 34654

Mailing Address

10551 CASEY DR.  
NEW PORT RICHEY FL 34654

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

11/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3759050

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	TONEY, DAVID R	10551 CASEY DR.	NEW PORT RICHEY FL 34654
D	TONEY, LISA D	10551 CASEY DR.	NEW PORT RICHEY FL 34654

900008696949  
10/30/02--01044--022 \*\*150.00

8. Name and Address of Current Registered Agent

TONEY, DAVID R  
10551 CASEY DR.  
NEW PORT RICHEY FL 34654

9. Name and Address of New Registered Agent

Name

S/A

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 R. Toney* REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

*David R. Toney* DAVID R. TONEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02  
Date

(727) 863-1703  
Daytime Phone #

CR2E040 (8/02)

**To:** Florida Department of State  
Jim Smith  
Secretary of State  
Divisions of Corporations

**From:** D.L. Toney Enterprises, Inc.

**Subject:** Application for Reinstatement

**Date:** 10/22/02

Division of Corporations,

D.L. Toney Enterprises, Inc. has every intentions of maintaining an Active Business License Status with your office. Serving in the capacity of President of D.L. Toney Enterprises, Inc. I am reporting to you that I did not receive the prior (2) Uniform Business Report (UBR) Notices. I desire to continue a good relationship with your office and to comply with all the requirements of the Department of Corporations for continued Business in the State of Florida. I request that the reinstatement fee for D.L. Toney Enterprises, Inc. be waived due to not having received the notice. The (850) 245-6059 number was called to confirm the total fees that are required at this time and the appropriate Application with the required fees are included with this request. I respectfully apologize for any inconvenience and will comply with notices received from your office.

~~Thank You for your Attention,~~

*David R. Toney*

David R. Toney, President