

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012493

1. Corporation Name

TONSBERG MARKETING GROUP, INC.

2. Principal Office Address

400 S. DIXIE HWY

Suite, Apt. #, etc.

121

City & State

BOCA RATON, FL

Zip

33432

Country

3. Mailing Office Address

400 S. DIXIE HWY

Suite, Apt. #, etc.

121

City & State

BOCA RATON, FL

Zip

33432

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/29/2002

5. FEI Number

90-0012989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

CLAUDE LETOURNEAU

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

400 S. DIXIE HWY

Suite, Apt. #, Etc.

121

City

BOCA RATON

State

FL

Zip Code

33432

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

Date

10/29/03

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
PS	CLAUDE LETOURNEAU	4603 Cavandish Drive	Tamarac, FL 33139
VP	STEIN CHRISTIANSEN	6294 NW Terrace	Parkland, FL 33067
T	JOSTEIN EIKLAND	400 S. DIXIE HWY # 131	BOCA RATON, FL 33432

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:

CLAUDE LETOURNEAU

10/29/03

(561) 620-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)