

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 # **P02000075337**

1. Corporation Name

TONY'S TRANSFER, INC

Principal Place of Business

Mailing Address

17233 NW 73 CT
MIAMI FL 33015

P.O. BOX 174173
MIAMI FL 33017

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2002

5. FEI Number

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	SOLER, ANTONIO SR	17233 NW 73 CT.	MIAMI FL 33015
V	SOLER, ANTONIO JR	17233 NW 73 CT.	MIAMI FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLER, ANTONIO P
17233 NW 73 CT
MIAMI FL 33015

Name

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

Antonio P. Soler
REGISTERED AGENT MUST SIGN

Date

12/18/03

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)(l), 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:

Antonio P. Soler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/03

Daytime Phone #



REINSTATEMENT 07

FILED

03 DEC 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2EQ40 (7/03)

TONY'S TRANSFER, INC.
P.O. BOX 174173
MIAMI, FLORIDA 33017-4173

December 19, 2003

Florida Department of State
Division of Corporation
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

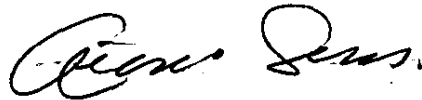
Re: Uniform Business Report
Document # P02000075337

To Whom It May Concern:

Please be advised that the reason for this report being late is due to the reason that we never received any prior, notice as to the renewal of the Uniform Business Report, However we did receive this notice of Reinstatement which we are remitting to your office with our check in the amount of One Hundred Fifty (\$ 150.00) dollars fee as per our conversation with your employee over the telephone of today.

Thanking you in advance your your prompt attention to this matter

Very Truly Yours,



Antonio Salas Sr.