2005 FOR PROFIT CORPORATION REINSTATEMENT

Mailing Address 62 H4 STEVERSON DRIVE, UNIT 105	DOCUMENT # P0400057846 1. Entity Name TONDEL ENTERPRISES, INC.								05 SEP 30 PH12: 07			
Sule. Apr. P. etc. Sule. Apr. P. etc.	6214 STEVENSON DRIVE, UNIT 105				6214 STEVENSON DRIVE, UNIT 105					Tiba		
Cry & State Country Zp	2. Principal F	lace of Busir	ness	3.	3. Mailing Address							
The Application Status Desired \$2.75 Additional Per Required \$2.75 Additional Per Republication \$2.75 Additional Per Required \$2.75 Additional Per Republication \$2.75 Additional Per Republication \$2.75 Additional Per Republication \$2.75 Additional Per Republication \$2.75 Additional Per Republication	Suite, Apt. #, etc.				Suite, Apt. #, etc.			REIN	STATEMEN	B (6/04)	05	
S. Centificates of Status Desired	City & State				City & State			4. FEI Numb	per		·	
DELGADO, JOSE A 6214 STEVENSON DRIVE, UNIT 105 Rither above named entity submits this statement for the purpose of changing its registance office or registered agent, or both, in the State of Florida. * am tignifical with, and accept the obligations of registanced agent. SIGNATURE: City FL Zip Code	Zip	Zip Country			Zìp Cour		ntry	5. Certificate				
DELGADO, JOSE A Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registerer agent, or both, in the State of Florida. Tam lamiliar with, and accept the collipsiators of registered agent. SIGNATURE: City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FILE Now!! FEE Is \$150.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11 INTE. Now. SIRET ADDITIONS TO OFFICERS AND DIRECTORS IN 11	6. Name and Address of Current				Registered Agent		Nome					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD. OFFICERS AND DIRECTORS IN 11 TITLE PD. ORLANDO, FL 32835 OTF-SI-2P ORLANDO, FL 32835 OTF-SI-2P ORLANDO, FL 32835 OTF-SI-2P TITLE ORIGINATURE ORIGINATURE Change Addition NAME STREET ADDRESS OTF-SI-2P TITLE ORIGINATIONS OTF-SI-2P ORIGINATIONS OTF-SI-2P TITLE ORIGINATIONS OTF-SI-2P ORIGINATIONS OTF-SI-2P ORIGINATIONS OTF-SI	DELGADO	, JOSE A										
B. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligators of registered agent. Control File)5			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity such its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, to note of principles agent and the Expititions. NOTE: Registered Agent algorithm required when refinately							City		FI	Zip Code		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PD DELGADO, JOSE A STEVENSON DRIVE, UNIT 105 STEET ADDRESS 10//04//05-010/63-010 **150.00 *												
After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD DELGADO, JOSE A STREET ADDRESS ORLANDO, FL 32835 ITILE VP DELGADO, FL 32835 ORLANDO,												
TITLE NAME DELIGADO, JOSE A DELIGADO, JOSE A DELIGADO, JOSE A SITERIA NAME STERIA NAME STE	FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice									F.S., the otice.		
NAME SITERET ADDRESS CITY-ST-ZP TITLE ORLANDO, FL 32835 TITLE ORLANDORESS CITY-ST-ZP TITLE ORLANDORES	10.		OFFICERS	AND DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AND	DIRECTORS	IN 11	
CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP DELGADO, LUIS F 6214 STEVENSON DRIVE, UNIT 105 ORLANDO, FL 32835 CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP Delate ITILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP Delate INITE NAME STREET ADDRESS CITY-ST-ZIP		L Delete					!					
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 DELGADO, LUIS F 6214 STEVENSON DRIVE, UNIT 105 ORLANDO, FL 32835 ORLANDO, FL 32835 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT	STREET ADDRESS	6214 STEVENSON DRIVE, UNIT 105					ET ADDRESS	10/04/0501063010 **150.00				
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VP Delete TITLE					E	*		Change	Addition	
CITY-ST-ZIP ORLANDO, FL 32835 TITLE Delete TITLE NAME	-						-					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES				01411 103			I					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE							l l	W.I		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE												
NAME STREET ADDRESS CITY-ST-ZIP TITLE OPERATE ADDRESS CITY-ST-ZIP TO ADDRESS CITY-ST-Z						- B.					. 🕶	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:					☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplymental eport is title and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusfee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:	1											
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address win all other like empowered. SIGNATURE:	CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify					☐ Delete					☐ Change	☐ Addition	
ITITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplymental eport is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowhered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: OG 2 Y 0	STREET ADDRESS					STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:										Chanca	☐ Addison	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:					☐ Delete		1			Guange	Addition	
12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:												
SIGNATURE: Og 24/01	12 I bereby c	ertify that the	e information supplie	with this f	iling does not qualify for	the ever	motion stated in S	Section 119.07(3)	(i), Florida Statutes. I further certif	y that the int	formation	
SIGNATURE: On Sele 09/24/01	indicated of the corp	on this report poration or the	t or supplemental en ne receiver or trustee schmen with an add	port is true : empowere ress aim a	and accurate and that n d to execute this report If other like empowered	ny signat as requi	ture shall have the red by Chapter 60	e same legal effe 07, Florida Statute	ct as if made under oath; that I an es; and that my name appears in	n an officer of Block 10 or	or director Block 11 if	
SIGNATURE: US 1 SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #			La	11.11	outer like empowered.			on 1.	56/20			
	SIGNAT	URE: _	IGNATURE NO DA	OR PRINTE	D NAME OF SIGNING OFFICER	OR DIRECT	ron	04/2	Date Day	time Phone #		