

From: TRIGO AND COMPANY

305 446 6175

10/22/2008 14:35 #059 P.001/002

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # P07000115874					
1. Entity Name TONKA ENTERPRISES, INC.					
Principal Place of Business 5723 NW 112 PLACE DORAL, FL 33178 US			Mailing Address 5723 NW 112 PLACE DORAL, FL 33178 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1284143	
				Applied For ☐ Not Applicable ☐	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANIZALEZ GUTIERREZ, HENRY NICOLAS 5723 NW 112 PLACE DORAL, FL 33178			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 the obligations of registered agent.					
SIGNATURE <u>Henry Canizalez G.</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CANIZALEZ GUTIERREZ, HENRY NICOLAS		NAME		
STREET ADDRESS	5723 NW 112 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PALACIOS, MARYLIN		NAME		
STREET ADDRESS	5723 NW 112 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 or 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: <u>Henry Canizalez G.</u>			10/22/08		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date Daytime Phone #		

11/23/08