PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -4 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028146

1. Corporation Name
TENCO II, INC.

REINSTATEMENT 97

Principal Place of Business	Mailing Address
8 BANNOCK RD PALM BEACH GARDENS FL 33418	1305 53RD STREET SUITE 1 MANGANIA PARK FL 33407 US

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. 4425 North Lake Blvd	Suite, Apt. #, etc. 4425 North Lake Blvd
City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33410 Country	Zip 33410 Country Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida: 04/06/1995

5. FEI Number: 65-0574230 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TENDRICH, TODD	~~8 BANNOCK RD~~ 8605 Dover Brook Drive	PALM BEACH GARDENS FL 33418

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TENDRICH, TODD ~~8 BANNOCK RD~~ 8605 Dover Brook Drive PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) 8605 Dover Brook Drive Suite, Apt. #, Etc. City FL Zip Code 33420

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.

Signature of Registered Agent _____ Date 12-3-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on Intangible tax.)

12. 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: _____ 12-3-97 691-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)