

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087884**

1. Corporation Name

Tokalon Development, Inc.

817 Pinedale Road
Fort Walton Beach, FL 32547

2. Principal Office Address

817 Pinedale Road

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip
32547

Country
USA

3. Mailing Office Address

817 Pinedale Road

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip
32547

Country
USA

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

11-09-95

5. FEI Number

59-3348358

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lowell C. Larson, Jr.

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

817 Pinedale Road

Suite, Apt. #, Etc.

City

Fort Walton Beach, FL

State

FL

Zip Code

32547

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

Date

12/02/00

REGISTERED AGENT MUST SIGN

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
P	Lowell C. Larson, Jr.	817 Pinedale Road	Fort Walton Beach, FL 32547
S	Brenda Henderson	819 Pinedale Road, #200	Fort Walton Beach, FL 32547

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/07/00 888-863-3241

Daytime Phone #