

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06/10/20 11:01

DOCUMENT # P96000064680

1. Corporation Name

Tunial's Inc.

2. Principal Office Address

97 Masters Drive

Suite, Apt. #, etc.

City & State

St. Augustine

Zip

32084

Country

U.S.

3. Mailing Office Address

97 Masters Drive

Suite, Apt. #, etc.

City & State

St. Augustine

Zip

32084

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

July 29, 1996

5. FEI Number

593398345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$11.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Karen Sechrest

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

3730 Old Lewis Speedway #HSE

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32084

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

REGISTERED AGENT MUST SIGN

Date 11/17/06

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
owner	Karen Sechrest	3730 Old Lewis Speedway #HSE	Saint Augustine, FL 32084

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 contained in Chapter 119, 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

11/17/06

Date

(904)824-1759

Daytime Phone #

G. Mitchell NOV 20 2006