

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -3 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000014130

1. Corporation Name

Tone Enterprises, Inc.

600005283326--0

-04/17/02--01011--009

\*\*\*\*608.75 \*\*\*\*608.75

2. Principal Office Address

6141 SW 8 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/12/1998

5. FEI Number

65-0812232

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

LAURA Fuentes

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

2122 SW 82 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/2/2002

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
PD	Laura I. Fuentes	2122 SW 82 Ct.	Miami, FL 33155
VD	Jeannette Rivera	2122 SW 82 Ct.	Miami, FL 33155

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]* / Laura I. Fuentes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2002

Date

(305) 342-4943

Daytime Phone #

CR2E081 (9/99)

Florida Dept. of State  
Reinstatement Dept.

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April 2, 2002

To whom it may concern:

This letter is to inform you that I, Laura I. Fuentes,  
President of Tone Enterprises, Inc. (FEI: 65-0812232)  
would like to reinstate this corporation as soon as possible.

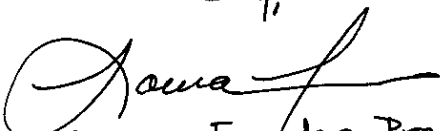
I was not aware, nor did I receive notices as to its  
dissolvement since 1999.

Enclosed please find the payment of \$600.00 for this  
company's reinstatement, and \$8.75 for the certificate of good  
standing, for a total of \$608.75.

Please waive late fees.

Thank you in advance for your cooperation.

Sincerely,

  
Laura Fuentes, Pres.