

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000060214

1. Corporation Name

TEL INC

2. Principal Office Address

4631 LAKE TRUDY DR

Suite, Apt. #, etc.

City & State

ST CLOUD FL

Zip

34769

Country

USA

3. Mailing Office Address

4631 LAKE TRUDY DR

Suite, Apt. #, etc.

City & State

ST CLOUD FL

Zip

34769

Country

USA

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

7/6/1998

5. FEI Number

58-3567295

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

MICHAEL R. SCHOEPLER

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

4631 LAKE TRUDY DR

Suite, Apt. #, Etc.

City

ST CLOUD

State

FL

Zip Code

34769

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

4/17/02

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
D	MICHAEL R. SCHOEPLER	4631 LAKE TRUDY DR	ST CLOUD FL 34769

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

4/17/02

Daytime Phone #

CR2E081 (9/01)