

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000060214

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

59-3567295

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

REGISTERED AGENT MUST SIGN

Date

4/2/03

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
1	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:

Michael R. Schoeppler 4/2/03 (407) 397-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TEL INC
4631 LAKE TRUDY DR
ST CLOUD FL 34769

APRIL 1, 2003

RE: TEL INC
DOC #P98000060214

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

TO WHOM IT MAY CONCERN,

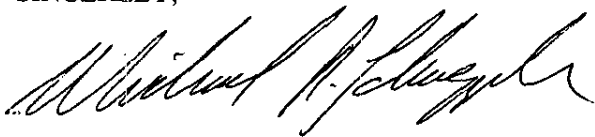
LAST YEAR I LEARNED THAT THE CORPORATION TEL INC. HAD BEEN MADE INACTIVE. AFTER CONTACTING THE DIVISION OF CORPORATIONS, I WAS INFORMED THAT THE ANNUAL FORMS FOR THE YEARS 2001 AND 2002 WERE RETURNED (BAD ADDRESS). PER DIVISION OF CORPORATIONS INSTRUCTIONS, A REINSTATEMENT FORM AND A CHECK FOR \$150.00 WAS SUBMITTED. SINCE THE ANNUAL FORM FOR THE YEAR 2003 WAS RECEIVED, I CONTACTED THE DIVISION AND LEARNED THE CORPORATION WAS STILL INACTIVE.

PER DIVISION OF CORPORATIONS INSTRUCTIONS, I AM SUBMITTING A REINSTATEMENT FORM AND A CHECK FOR \$300.00 FOR THE REINSTATEMENT OF THIS CORPORATION.

IF THERE IS ADDITIONAL INFORMATION REQUIRED, PLEASE CONTACT MY BOOKKEEPER (GARY KATHMAN OF ADAIR ACCOUNTING ASSOCIATES INC 386-788-0311).

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

A handwritten signature in black ink, appearing to read "Michael R. Schoeppler", written in a cursive style.

MICHAEL R SCHOEPPLER
TEL INC