

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAY 21 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000061027

1. Corporation Name

TONEL INC.

2. Principal Office Address

82216 OVERSEAS HWY

Suite, Apt. #, etc.

3. Mailing Office Address

82216 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

Zip

Country

33036 USA

Zip

Country

33036 USA

4. Date Incorporated or Qualified To Do Business in Florida

7/2/99

5. FEI Number

65-0933531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

01-02

7. Name and Address of Current Registered Agent

Name

LESLIE A. NOBREGAS

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

82216 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

City

ISLAMORADA FL 33036

State  
FL

Zip Code

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

*Leslie A. Nobregas*  
REGISTERED AGENT MUST SIGN

Date

5/15/02

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
P/D	LESLIE A. NOBREGAS	82216 OVERSEAS HWY	ISLAMORADA, FL 33036
S/D	ELIZABETH G. NOBREGAS	82216 OVERSEAS HWY	ISLAMORADA, FL 33036

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

Daytime Phone #

*Leslie A. Nobregas* X 5/15/02 X 9056649312

CR2E081 (9/01)